

# SCHOOL PHYSICIANS' MANUAL

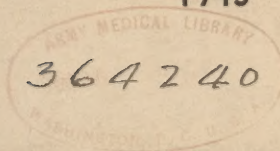
for

Los Angeles City School District

Box 1296

Los Angeles City Schools  
School Publication No. 390

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# SCHOOL PHYSICIANS' MANUAL

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As the school physician's policies and procedures have become more clearly established, the school physician is now an integral part of the educational system. His functions and activities have been clearly defined revealing a broad field of service in promoting and protecting pupil health and in relation to the whole field of health education.

These years have been fruitful in the development of many tried and tested school health techniques. Furthermore, many school regulations relating to the privileges and responsibilities of all certificated employees have become established.

This manual contains in convenient form the procedures and regulations in the health and educational field which most vitally concern the school physician.

V. KERSEY

Superintendent

OFFICE OF THE SUPERINTENDENT

Los Angeles City Schools

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## INTRODUCTION

### FOREWORD

In the past few years school health policies and procedures have become more clearly established. The school physician is now an integral part of the educational system. His functions and activities have been clearly defined revealing a broad field of service in promoting and protecting pupil health and in relation to the whole field of health education.

These years have been fruitful in the development of many tried and tested school health techniques. Furthermore, many school regulations relating to the privileges and responsibilities of all certificated employees have become established.

This manual contains in convenient form the procedures and regulations in the health and educational field which most vitally concern the school physician.

**V. KERSEY**

Superintendent



## INTRODUCTION

In this manual an effort has been made to provide in convenient form a statement of the rules, regulations, and procedures which affect the school physicians' activities.

We have attempted to include those procedures which have proved to be most effective in the development of a satisfactory school health program. While methods should always be sufficiently flexible to allow for individual initiative, the establishment of standard procedures has value in conserving the best results of experience.

The contents of this manual have been compiled largely from the School Code of the State of California, the Administrative Guide of the Los Angeles City Board of Education, and from pamphlets, bulletins, and committee reports of supervisors and physicians of the Health Service Section.

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Approved:  
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**CHAPTER I**  
**THE SCHOOL HEALTH PROGRAM**  
(Sections 61.1 - 61.11)

**61.1 The School Health Program**

Under the provisions of the California School Code trustees and city boards of education are required to give diligent care to the health and physical development of pupils and to this end are empowered to provide for proper health supervision of the school buildings and pupils under their jurisdiction.

To carry out these purposes school boards may appoint physicians, oculists, dentists, dental hygienists, nurses, optometrists, and teachers—all of whom must hold a health and development credential in accordance with the provisions of the School Code. School health workers holding health and development credentials, therefore, are certificated employees of the school system and are subject to the same rules, regulations, and privileges as teachers.

Under these general provisions of the School Code a school health program has been developed in the Los Angeles City Schools which aims to provide proper health supervision of school children as follows:

1. A healthful school environment
  - a. Through clean, safe, sanitary school buildings constructed, equipped, and operated in accordance with latest sanitary engineering, properly located, and provided with ample clean play areas.
  - b. Through the development of a wholesome school situation as it relates to the mental, emotional, and social life of the student. This involves consideration of all the school program as it affects the pupil, e. g., methods of teaching, discipline, arrangement of periods, lunch hours, recreation, amount of home work, etc.
2. A health instruction program planned, graded, and integrated so as to promote the development of good health habits and proper attitudes on health matters and provide the pupil with all the essential health knowledge necessary for successful living in the world today.
3. Educational programs specially adapted to the needs of the handicapped.
4. Co-operation in the development of an effective physical education program through the health supervision and guidance of athletes.
5. A corrective physical education program adjusted to the needs of the various physical types and those suffering from posture defects, nervous disorders, malnutrition, and other physical handicaps.

6. Health protection for all pupils through
  - a. First aid and the emergency care of all sickness and accidents occurring on the school premises.
  - b. Communicable disease control through
    - (1) Care in readmitting pupils and teachers after illness and exclusion of the sick.
    - (2) Co-operation with the local public health programs for control of communicable disease through immunization, vaccinations, surveys, and public health education.
  - c. Careful, thorough periodic physical examinations of all pupils for the discovery of physical defects, the appraisal of pupil health, the health education of pupil and parent, and the promotion of optimum pupil health.
  - d. Guidance of pupils and parents to sources of medical and dental treatment where necessary through an adequate follow-up program.
  - e. Physical examination of all school employees.
7. Health protection and in-service training of all teachers through health education and guidance, where needed, to sources of scientific medical and dental treatment.
8. The co-ordination of all health teaching and health service so that all pupils may profit to the maximum extent through the various agencies in the educational system which contribute to the mental, physical, social, and spiritual health of the pupil.

## **61.2 Authorization of School Physician for Service**

Under California Department of Education Bulletin No. 12 the school physician is authorized:

1. To instruct and advise teachers in their functions of health supervision.
2. To conduct health inspections in order to detect communicable diseases and infections and to determine exclusions.
3. To make physical examinations and refer to the family for attention any structural or functional defects.
4. To make physical examinations in order to determine the fitness of pupils to engage in school activities; to note any need that may exist for the modification of pupils' school environment or program.
5. To inspect sanitary conditions, noting defects for reference to the proper authorities.

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### 61.3 Corrective Physical Education

(Administrative Guide 14.68)

Corrective physical education classes shall be programmed to provide special medical supervision, instruction, and service for:

1. Pupils who are under-par to such an extent that they cannot be properly assigned to physical education classes, such as postoperative cases, those affected with organic heart conditions, respiratory cases, paralysis, or other chronic physical or health deficiencies.
2. Pupils who have correctible postural defects, such as functional spinal curvatures, flat feet, malaligned legs, pronated ankles, forward head, etc.
3. Malnourished pupils and those who are obviously under-weight or who are of the thin neurotic type.

School physicians, nurses, or teachers may assign pupils to corrective physical education classes. All transfers from corrective classes of types as outlined in (1) shall be approved by the school physician. In cases where the pupil is under the care of a family physician, and upon approval of the school physician, every effort should be made to integrate his recommendations into the school life of the pupil.

a. *Elementary Schools.* Postural defects as well as other health deficiencies should be called to the attention of parents and the information regarding the function of the Corrective Centers and the Orthopedic Clinic made available. There are 32 corrective physical education centers to which elementary school children requiring remedial gymnastics and posture training may be sent.

b. *High Schools.* Corrective classes shall be programmed for pupils according to the needs as indicated. Usually this necessitates one-fourth to one-third of the teacher time in the Health and Physical Education Program.

### 61.4 Health Education

The physician is the leader and guide in the school health field. As such it is his duty to encourage, foster, and sustain a health education program in the schools which is adequate and scientifically sound. In the following ways the physician can make substantial contributions to this program:

1. Make each physical examination of the pupil an educational experience.
  - a. By checking on health habits and attitudes and advising corrections.
  - b. By giving sound advice on diet and pertinent phases of general hygiene.
  - c. By convincing pupil or parent of the value of regular scientific medical and dental supervision and care.

(Continued on next page)

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2. Have health conferences with principals and teachers.
  - a. Concerning teacher's health.
  - b. Concerning health of individual pupils.
3. Have as many health conferences with parent as possible.
  - a. Concerning individual problems of their children.
  - b. Concerning co-operation of the home with the school in health matters.
  - c. Concerning giving advice in regard to home hygiene.
4. Promote harmonious relations with practicing physicians.
  - a. By consulting physicians when in doubt about a diagnosis or treatment recommended.
  - b. By advising family physician when special examination is requested.
  - c. By explaining to private physician reasons for health regulations of various types.
5. Promote a wider knowledge of health in the home by giving talks and having discussions at parent-teacher meetings.
6. Promote health understanding in school personnel by giving talks on health to faculties.
7. Be an active member of your school's health committee. If no committee has been formed, consult with the principal in regard to organization of such a committee.
8. Arrange with principals of secondary schools to give talks to classes of students on special subjects such as sex hygiene, communicable disease control, public health, alcoholism, and the choosing of medical advice and treatment.
9. The following publications are available in the Health Service Section:
  - "A Teacher's Guide in Health Education," School Publication No. 389.
  - "Guarding the Health of Pupils," a guide for teachers, School Publication No. 367.
  - "Nutrition Guide for Teachers."
  - "Life Problems" (Sex Hygiene).
  - "Girls' Health Series" (Sex Hygiene).



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**61.5 Health Co-Ordination in Schools**

Health co-ordination has been found necessary because of the increasing complexity of health service and health education efforts. It is based on the following principles:

1. Since health is the first objective of education the health program shall receive first consideration.
2. Health service, i. e., correction of health defects, shall be made as fully an educative experience as possible.
3. All workers in every school, from principal to custodian, should contribute to the health program.
4. Each school should have a smoothly functioning health organization.
5. Acceptance of the foregoing principles necessitates the formation by the principal of a health committee, a member of which should be designated health co-ordinator.

a. *Purposes of Health Co-ordination.* To co-ordinate all health activities for the following purposes:

- (1) To promote and conserve the health of all school children.
- (2) To promote and perpetuate a healthy school environment.
- (3) To make healthful attitudes and practices function in pupils' lives now and throughout life through health instruction.

b. *Organization.*

Health Committee:

Principal; vice-principals; school doctors; school nurses; teaching nurses; school dentist; teachers of special subjects directly connected with health; any member of school faculty who has special training or interest in health education.

Functions:

- (1) Choose one of their number as co-ordinator.
- (2) Act as a health cabinet to deliberate on health policies in the school.
- (3) Receive reports from health co-ordinator, make suggestions, determine policies.
- (4) Help arouse interest and enthusiasm for health in the entire faculty.
- (5) Delegate various tasks to individual members of committee or to the other faculty members.

c. *Personnel.*

Duties and privileges:

- (1) Doctors: Examinations, consultations, lectures.

- (2) Nurses: Inspections, follow-up, consultations, lectures.
- (3) Dentists: Lectures, demonstrations, consultations, dental work in clinics.
- (4) Principal and vice-principals: Administration of health program.
- (5) Teachers: Health instruction, screening children with health defects; referring children to physician or nurse; assisting with follow-up; maintaining healthful classrooms.
- (6) Health Co-ordinator:
  - (a) To provide administrative leadership in the execution of the policies of the health committee in the individual school.
  - (b) To stimulate healthful attitudes and practices in the lives of pupils and staff by promoting a positive health program.
  - (c) To confer with pupils regarding their health problems and adjustments and arrange conferences with appropriate persons.
  - (d) To keep the various members of the school staff informed of the health needs of individual pupils.
  - (e) To enlist the aid of all the school staff in reporting to the health committee on conditions in the school environment which might be detrimental to the health of school children and staff.
  - (f) To be chairman of sub-committee on health instruction so that duplication and gaps in the health curriculum may be avoided.
  - (g) To be ex-officio member of all sub-committees on health.
  - (h) To set up procedures for the evaluation of the health program.
  - (i) To arrange student health committees for active participation in the health program.
  - (j) To see that the students to be examined by the school physician are available at the proper time.
  - (k) To be present for the physical examination of the students when in the opinion of the school physician this is advisable.

The health co-ordinator should not be responsible for initiation of policies but only for their smooth functioning.

d. *Health Follow-up Card.* To facilitate the co-ordinator's work and to provide a simple and uniform method whereby every teacher may know at all times the health conditions of his pupils, a "Health Follow-up Card," Form 33.235, has been devised. This card provides space for the teacher's observations, the health findings and recommendations of school physician and nurse (entered by the health co-ordinator), the initials of each classroom teacher (in high school), and the progress made in correcting the health defects found.

By making use of this card each teacher is enabled to record his observations or the results of his "health screening" procedures and obtain an up-to-date record of the diagnostic and remedial work accomplished for each pupil.

# SCHOOL PHYSICIANS' MANUAL

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### 61.6 Lecture Service

Physicians are frequently asked to address Parent-Teacher Associations, school faculties, and other school groups. These talks are excellent opportunities for participating in the health education program of the school.

### 61.7 Health Films

Health films frequently add to the effectiveness of a health talk. Films on the following subjects are available in the Visual Education Section:

- Alcohol
- Bacteriology
- Blood and Circulatory System
- Digestion
- Hearing
- Heredity
- Hygiene
- Nutrition
- Physical Education
- Respiration
- Sex Education
- Sight
- Skin
- Voice

These films should be requested through the Visual Education Section representative in the school. No other requests will be considered by the Visual Education Section. The person desiring a health film should consult the latest film catalogs in the school office for titles and call numbers.

### 61.8 Physical Fitness Program for Seniors

This program was inspired by the war emergency and its stern emphasis on physical fitness for duty on the fighting and the home fronts. It should, however, be followed after the war because peacetime problems are urgent too. In a very real sense the health status of our boys and girls when they graduate from high school may be taken as the criterion of the success of our health program in the schools.

At the beginning of the semester all Senior A students are given a physical check-up to determine:

1. Their physical fitness for an intensified physical education program and the presence, if any, of correctible physical defects.



2. Their aptitude in certain important athletic events indicative of the degree of co-ordination, skill, muscular development, and endurance already achieved by the individual student.

The physical examinations are made by the school physicians and dentists assisted by the school nurses and corrective teachers, and the aptitude tests are performed under the direction of the physical education teachers.

All students are given a final re-check just prior to graduation by the physical education teacher and the school physician. The aptitude tests are repeated to determined progress in skill, robustness, and endurance. All students who have corrected physical defects in accordance with the recommendation of the school physician and dentist and who have met the required standard of health and physical fitness are granted health certificates on graduation.

In order to encourage students with irremediable defects or severe physical handicaps, either hereditary or acquired, which leave the student with little hope of achieving the standard for a physical fitness award, students are informed that those who, on account of some uncorrectible physical defect or handicap, are not able to meet the health standard for a physical fitness certificate will be granted appropriate grades in physical education in recognition of their co-operation and improvement in health.

In order to initiate a program in all the high schools which would be fairly well standardized and which would get under way immediately at the beginning of the semester the following outline of procedure is recommended:

1. Personnel of physical fitness program

School physician	Corrective physical education teacher
School dentist	Physical education teacher
School nurse	Student secretaries from the secretarial course
Health co-ordinator	Student monitors
2. Meeting of principal with personnel to plan program and arrange details of procedure such as:
  - a. Physical examination by school physician.
  - b. Eye and ear tests by school nurse.
  - c. Dental inspection by a dentist.
  - d. Physical aptitude tests by physical education teacher.
  - e. Posture and foot examination by corrective teacher.
  - f. Weighing and measuring by teacher with student help.
  - g. Provision for absence, tardy, and office summons slips.
  - h. Allocation of secretarial and monitor help.
  - i. Delegating responsibility for providing physicians with students for examination at times and in numbers decided on by the personnel (8 to 10 students per period is the maximum which can be checked satisfactorily).
  - j. Arranging facilities and obtaining students for dental inspection (15 to 20 per period).

(Continued on next page)



# SCHOOL PHYSICIANS' MANUAL

## CHAPTER I THE SCHOOL HEALTH PROGRAM (Sections 61.1 - 61.11)

### 61.8 Physical Fitness Program for Seniors (Cont.)

3. Getting results in terms of health and physical fitness
  - a. Students should be inspired to feel that it is their patriotic duty to achieve the height of physical fitness of which they are individually capable.
  - b. Physicians, nurses, and teachers will stress the importance of correcting physical defects.
  - c. A notice of the physicians' and dentists' findings will be sent to parents.
  - d. Conferences between parents and school personnel will be arranged when necessary to get action.
  - e. A physical fitness certificate will be awarded only to those who achieve the required standard of health and physical fitness.
  - f. The awards committee should consist of the principal, the school physician, the health co-ordinator, the corrective and physical education teachers, and any other teacher designated by the principal.

#### 4. Physical fitness award

The health and physical fitness certificate is an award for reaching a definite standard of health and physical fitness. The certificate is being made to fit the high school diploma folder.

Students to be eligible for the certificate:

- a. Must have corrected all correctible physical defects, e. g., dental, visual, diseased tonsils, etc., as recommended by the school physician and dentist.
- b. Must have achieved the standard of physical fitness and aptitude as established by the Physical Education Section.
- c. If suffering from a functional postural defect, must have achieved normal posture as certified by the school physician and the corrective teacher.
- d. Boys must, in addition, be able to meet the Army physical standards for Class 1A.
- e. Girls must be able to meet the standards for those who participate in girls' athletic association activities.

This program with some modifications was first initiated in June, 1942. Reports from the schools indicate that it was successful in stimulating increased interest in physical fitness and in the achievement of greater skill, endurance, and physical robustness. Furthermore, a much better attitude and more co-operation in the correction of physical defects was manifested. Some schools reported almost 100% correction of dental decay and visual defects. A new spirit was shown in the determined attack on posture problems and musculo-skeletal defects.

## **61.9 School Health a Specialty**

The school health program is a highly specialized field. The successful school physician should be an experienced pediatrician with a sound background of public health and preventive medicine. He should also be well informed in child psychiatry, especially in relation to the behavior problems of school children. An insight into educational policies and organization is essential in establishing an effective program of health education and health service.

## **61.10 Reference Library**

The Health Service Section has a reference library of recent publications in the field of school health education. The following bibliography lists some of the more important works available on request from the school library, Sentous Center, or the Health Section Reference Library.

CHAPTER I  
THE SCHOOL HEALTH PROGRAM  
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61.11 Bibliography

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CHAPTER II  
PHYSICIANS' ASSIGNMENTS, HOURS, DUTIES, ETC.  
(Sections 62.1 - 62.21)

**62.1 Physicians' Assignments**

Physicians' assignments are in charge of the assistant medical director (Station 63).

The time allotted to each school is on the basis of enrollment and need. In arranging schedules the school month calendar is used. They are planned so that the girls' and boys' physicians do not work in the same junior or senior high school on the same day. A schedule is given to each physician at the opening staff meeting of the year. Requests for changes in schedules are referred to the assistant medical director.

**62.2 Opening of School**

Physicians do not work in the elementary schools as a rule during the first two or three weeks of the new semester so that the examination of athletes, R.O.T.C. applicants, children to be assigned to corrective centers and classes, special program cases, Senior A check-up, etc., may be taken care of.

Physicians who have few secondary school assignments will arrange with the nurse to examine in the elementary schools as early in the semester as possible.

The order in which the elementary schools are visited is arranged with the school nurse and a copy of the schedule is turned in to the Health Service Section office as early as possible in the school year. These schedules are adhered to closely so that principals and parents may know when the school physician will be examining in the school.

If it becomes necessary in an emergency to leave the scheduled school, the destination should be left with the school clerk to facilitate contact by the Health Service Section office.

**62.3 Reporting Time**

All physicians will fill out in full for each school the Time Report Card, Form No. 33,362, stating actual time of arrival and departure and forward by school mail to the Health Service Section at the close of *each* school day.

**62.4 Names, Addresses, and Telephone Numbers**

Names, addresses, and telephone numbers **MUST** be left in the central office of the Health Service Section the first day of the semester in the way the physicians wish them to appear in the School Directory. Also notify the office immediately regarding any change.



## **62.5 Hours**

The hours of full time physicians are from 8 a. m. to 3 p. m. Sessions in junior and senior high schools commence as a rule at 8 a. m. Elementary schools as a rule open at 8:30 a. m.

Hours of part time physicians are arranged by the assistant medical director.

## **62.6 Assistance by School Nurse**

Nurses assist the school physician with the physical examination of the pupils in all elementary schools and in secondary schools only upon the request of the Health Service Section. Nurses assist the City and County physicians when the students are being immunized, vaccinated, or Mantoux tested.

It is the duty of the school nurse to see that students returning to school following a serious or prolonged illness or any major communicable disease, often involving complications, are examined by the school physician on his or her next examining day.

## **62.7 Daily Records**

Accurate daily records are required using the Physician's Daily Record, Form 33.5, on which are noted the number of children examined, defects found, etc. The name of the school is recorded on each form. These figures are totaled at the end of the semester and a semiannual report for each school is made on Form 33.6, Physician's Semiannual Report of Health Work.

## **62.8 Health Record Cards**

(Administrative Guide 13.284)

Every school shall have on file for each pupil either a Health Record card, Form 34-EH-6, or a pink card, Excuse from Physical Examination, Form 34-EH-18, and all principals shall be responsible for transferring these cards in accordance with usual procedure. When a new pupil from within the school system is registered, the principal shall check at once to see that a health card has been received and filed in the proper place. When a pupil from outside the school system is registered, a health record card therefor shall be filled out immediately and the school nurse notified so that arrangements may be made for physical examination by the school physician at an early date unless an application for exemption from physical examination is received from the parent or guardian of the pupil as provided in Section 13.257 of the Administrative Guide.

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**62.9 Procedure for Transfer of Health Cards**

1. *During the School Year.* (See Administrative Guide 13.61.) When a pupil transfers during the school year, the Health Record card is held until requested by the receiving school. It is then forwarded by school mail. Pupil record cards are not entrusted to the pupil to take to his new school. In the high schools the registrars and attendance teachers are responsible for securing the Health Record cards from the physical education teachers and for forwarding them with the other school record cards to the new school.
2. *Transfer of the Health Card at Term Ends.* (See Administrative Guide 13.62.) At term ends the Health Record card is sent along with other school record cards by school mail or is taken to the receiving school by the principal, vice-principal, registrar, counselor, teacher, or secretary. In the high schools the registrars and attendance teachers are responsible for securing the Health Record cards from the physical education teachers and for forwarding them with the other school record cards to the new school.

At the beginning of each semester, when the B-7s and B-10s do not arrive as scheduled, all their records (including the Health Record card) should be returned to the school they last attended.

The Health Record card of each pupil who graduates from a senior high school or who drops out before that time should be kept in an inactive file until such time as the pupil will be twenty-four years old according to the birth record. The cards may then be destroyed.

Requests for the cards of pupils who return to our schools should be made to the school the pupil last attended.

"Health Record" cards should be requisitioned directly from the Business Division.

## 62.10 Procedures Followed in the Use of Health Records

The school physician is responsible that the necessary information be recorded on the health card.

1. On each health card there must be:
  - a. A health history.
  - b. The vision whether normal or otherwise.
  - c. Height and weight (recorded yearly or more often in special cases by teacher, usually physical education teacher).
  - d. Immunizations, vaccinations, and Mantoux test, with approximate date. (Recorded by the school nurse.)
  - e. Whether enrolled in any special class for the handicapped; e.g., sight-saving.
  - f. Audiometer readings, if any.
2. Heart and Chest Board and telebinocular report cards must be attached.
3. Information on the cards should be written so that it can be understood by principals and teachers.
4. Letters from family physicians or parents should be attached to the health card. All notes from parents or other vital information which is attached to the health card should bear the receiving date. Notations regarding accidents at school must always be dated.
5. A special effort should be made to make the health card of value not only to the physician himself, but also to the principals and teachers in the schools.
6. Every health card file should have in the front a Key to Health Card, Form No. 33.9, which explains the symbols used.
7. Health Follow-up Card. A follow-up card, either Form No. 33.235 or a similar form printed in the school, should be used in each junior or senior high school for conveying to the classroom teachers and other members of the school personnel the findings and recommendations of the physicians.

## 62.11 Suggestions for the Care of Health Cards

In elementary schools the school nurse is responsible for keeping the health record files up to date and in good order. The files are kept in the principal's office.

In junior and senior high schools the school physician is technically responsible for the order of the files. In most schools, however, the health co-ordinator or a teacher delegated by the Physical Education Department chairman assumes this responsibility and carries out the following duties:

1. That a health card be on file for every student in school.
2. That on the check-out permit a place be designated for the health card as well as locker, towel service, etc.



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**62.11 Suggestions for the Care of Health Cards (Cont.)**

3. When a student transfers, his health card is sent over to the school registrar.
4. When a new student enrolls, an immediate check is made for his health card. If no health card appears within a week, the registrar's office shall be requested to send another notice to the school from which the child came.
5. To assist or arrange secretarial help for the physician on his scheduled day.
6. To have a designated group of students (6 to 10) ready for examination each period.
7. To remove from the file the cards of students who leave or graduate, and to keep an alphabetical dead file by years so that cards may be destroyed when such students will have attained the age of twenty-four.

**62.12 Physician's and Nurse's Responsibility for Files**

The physician in junior and senior high schools and the nurse in elementary schools will see that the health files are arranged as follows:

1. Students examined in former years.
2. Students to be examined during the current semester. A file system should be established which will make readily accessible
  - a. The health cards of new students and all those scheduled for early examination.
  - b. The health cards of students with serious defects which require correction or follow-up. A flag or rider on the health card or a special notebook listing these students are helpful procedures.

**62.13 Health Records—Confidential Information**

The school health card is for the use of school officials only and is not to be removed from the school unless the student transfers to another school. His health card is then sent along with his other records.

Information noted on the health record cards shall not be given to individuals not connected with the Los Angeles City Schools other than parents or guardians or authorized local social and health agencies.

## **62.14 Physical Examination of Students Enrolled in R.O.T.C. Courses**

R.O.T.C. applicants should be examined as soon as possible at the beginning of a new semester. Special forms are furnished to those physicians who are assigned to schools offering such training, and physicians should try to complete these examinations during the first two weeks of the semester. Work in the R.O.T.C., other than Military Science and Tactics (which is a free or unrestricted elective) may be regarded as an alternative to required work in physical education to the extent of ten semester periods a year.

## **62.15 Educational Meetings**

(Administrative Guide 16.272.)

Teachers and other certificated employees shall attend all relevant meetings called by the Superintendent, by a Deputy or Assistant Superintendent, or in the case of teachers, by the principal; and shall attend all relevant meetings called by a director or supervisor if such latter meetings are approved by the Superintendent or by a Deputy or Assistant Superintendent.

## **62.16 Staff Meetings**

Staff meetings are held on the first Tuesday of the calendar month at 3:30 p. m. Physicians may leave their schools at the hour necessary to arrive on time for the meeting. Attendance at all staff meetings is required.

## **62.17 Relationship of School Physician to the School Principal**

The school physician when visiting a school is for all practical purposes a part of the school faculty and reports to the principal on arrival.

The health program developed in each school is planned in closest co-operation with the principal in order to meet the needs of the various types of schools and communities.

The school physician provides leadership and guidance in the organization and direction of a co-ordinated school health program. (See School Physicians' Manual, Sections 61.4 and 61.5.)



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**62.18 First Aid**

Physicians are frequently called upon to render first aid at school. Standard first aid procedures should be followed, the treatment of the case being left to family physician or the Receiving Hospital.

Under Section 67.1 accidents are referred to as major or minor. In general these terms differentiate accidents as follows:

*Minor accidents.*

1. Bruises.
2. Abrasions.
3. Minor cuts or lacerations.
4. Minor blows causing loss of breath.
5. Sprains (slight).
6. First degree burns.

*Major*

1. Fractures.
2. Dislocations.
3. Severe sprains.
4. Internal injuries.
5. Certain eye injuries.
6. Concussion and all head injuries caused by baseball bat.
7. Second and third degree burns.
8. Loss of whole or portion of an extremity.
9. Serious injuries to mouth involving teeth and tongue.
10. Animal bites.
11. Lacerations (necessitating stitches or clips).
12. Serious puncture wounds.
13. All infections.

**62.19 Inspection of First Aid Kits**

Physicians will inspect the first aid kits in junior and senior high schools at frequent intervals. Where first aid supplies are depleted, the physician will report the matter to the principal of the school or to the teacher to whom this responsibility has been delegated by the principal.

## 62.20 Standard First Aid Kit

(For use in Elementary, Junior and Senior High School)

The following specified items are available from standard requisition lists:

<i>Quantity</i>	<i>Amount</i>	<i>Description</i>
1 bot.	1 oz.	Alcohol
1 bot.	1 oz.	Ammonia, Aromatic Spirits of
1 pkg.	25	Applicators
4 rolls		Bandages, Gauze, 1"
4 rolls		Bandages, Gauze, 2"
2		*Bandages, Triangular
1		Manual, First Aid: Miner's or Red Cross
1 bot.	1 oz.	Cloves, Oil of
1 pkg.	1 oz.	Cotton
4		Cups, Paper (Folding Type)
2 env.	6 to env.	Dressings, Finger (A. R. C.)
1		Dropper, Medicine, straight
1		Forceps, Splinter, Fleishenfeld (3")
12 pkg.		Gauze, Plain, Sterile, (Handy Fold) 3"x3" (Bauer & Black)
1 roll	1 yd. pkg.	Gauze, Sterile
1 bot.	1 oz.	Germicide Solution
1 bot.	1 oz.	Iodine, Tincture of
1 tube	½ oz.	Ointment, Boric Acid
1 card	12 to card	Pins, Safety (1½")
1 pair		Scissors, straight, op., 4½", 1 sharp and 1 blunt point
1 bot.	1 oz.	Soap, Tincture, liquid, green
1		Splint, Yuccawood
1 roll	10 yds.	Tape, Adhesive (1")
1		Tourniquet (with buckle)
1		Thermometer, Clinical
3		Towels, Paper
5		Tongue Blades

\*Triangular bandages are made up in schools with unbleached muslin cloth which is available on the Standard Supply List.

Kits or other supply deposits should be replenished from the regular supplies and equipment on hand in the several schools.

For further information see Section 67.1.

**CHAPTER II**  
**PHYSICIANS' ASSIGNMENTS, HOURS, DUTIES, ETC.**  
 (Sections 62.1- 62.21)

**62.21 Standard First Aid Supplies**

These supplies are available at each school on requisition by the principal.

<i>STOCK NO.</i>	<i>ITEM</i>	<i>UNIT</i>
500850	Acid, Boric, powdered, U.S.P. (2 oz.).....	Pkg.
503575	Alcohol, rubbing (pt.).....	Btl.
504200	Ammonia, aromatic spirits of, U.S.P. (4 oz.).....	Btl.
506500	Applicators, throat, wooden (72 doz.).....	Box
508700	Bandage, gauze, 1" (10 yd.).....	Roll
508800	Bandage, gauze, 2" (10 yd.).....	Roll
509050	*Bandage, muslin, 2" (5 yd.).....	Roll
513600	Borax, powdered (bulk).....	Lb.
650800	*Benzine (can be ordered in fractions of units—qts., pts.) .....	Gal.
	*Can, empty (for benzine).....	Each
517300	Bottle, wide mouth, 8 oz., ground glass stopper, Br. 16271 .....	Each
519700	Calamine Lotion, with 1% Phenol (8 oz.).....	Btl.
408000	Cloth, muslin, unbleached, 40" wide, 56-60 thread count .....	Yd.
531300	**Comb, mixed tooth, 7½", Iris #1310.....	Each
535800	Cotton, absorbent (¼ lb.).....	Pkg.
537004	Cuprex, Merck & Co. (4 oz.).....	Btl.
218280	*Cups, drinking, paper (100 to ctn.).....	Ctn.
539800	Dressings, finger, 1" wide, Band Aid (100 to box) .....	Box
544400	Gauze, sterile, plain, handy fold, 3x3", 24- ply, in germ-proof envelope.....	Each
544500	Gauze, sterile, Bauer & Black #914-M (1 yd.) .....	Pkg.
544800	Gentian Violet 2% Solution (2 oz.) .....	Btl.
546900	Germicide Solution, for first aid (4 oz.).....	Btl.
550400	Graduate Glass, medicine (1 oz.).....	Each
	Iodine, tincture of, 3½%, U.S.P., regular (2 oz.) .....	Btl.
555600	Magnesium Sulfate, tech., crystals (Epsom Salts) (5 lb.) .....	Can
563250	Oil, castor, U.S.P. (1 oz.).....	Btl.
563800	**Oil, olive (pt.).....	Can
563300	Oil of Cloves (1 oz.).....	Btl.
564100	Ointment, Ammoniated Mercury and Zinc Oxide, equal parts, U.S.P. (2 oz.).....	Jar
564200	Ointment, Boric Acid (1 oz.).....	Tube
564500	Ointment, Sulfur (1 lb.).....	Jar
564600	Ointment, Tannic Acid Jelly, 5% (1 oz.).....	Tube

567100	Petrolatum, plain white (Vaseline) (2 oz.).....	Tube
568200	Pipette, medicine dropper, straight, Br.	
	53025 .....	Each
421600	*Pins, safety, #2 $\frac{1}{2}$ , 1 $\frac{1}{2}$ " (12 to card).....	Card
579000	Soap, green tincture, U.S.P. (8 oz.).....	Btl.
579300	Sodium Bicarbonate, U.S.P. (bulk).....	Lb.
580500	*Sodium Hypochlorite, 16% solution (1 gal.)..	Jar
582800	Splint, yuccawood, 6x24" .....	Each
589400	Surgical Powder, Wyeth's (large size can— approx. 400 grs.).....	Can
590100	***Tape, adhesive, 1" (10 yds.).....	Roll
590200	***Tape, adhesive, 2" (10 yds.).....	Roll
590300	*Tape, adhesive, 12" x 10 yd., assorted cuts (2— $\frac{1}{2}$ " wide) (3—1" wide) (4—2" wide).....	Roll
	***Castellani's Carbol-fuchsin (2 oz.).....	Btl.
590600	Thermometer, clinical, Fahr., 1 min., hard rubber case .....	Each
592000	Tongue Blades (100 to pkg.).....	Pkg.
592100	Tourniquet (with buckle).....	Each
298350	**Toweling, crepe paper, approx. 30x40", $\frac{1}{4}$ fold (24 shts.).....	Pkg.
	***Whitfield's Ointment (one-half strength) (2 oz. tin)	

\*For Junior and Senior High schools only.

\*\*For Elementary schools only.

\*\*\*For Physicians only (Order through Health Service Section).



# SCHOOL PHYSICIANS' MANUAL

## CHAPTER III PHYSICAL EXAMINATION OF PUPILS (Sections 63.1 - 63.22)

### 63.1 Physical Examinations

Physical examinations of pupils by school physicians are scheduled by the Health Service Section. In the elementary school arrangements for the physical examination of the pupils are made by the principal and school nurse. In junior or senior high schools these arrangements are made by the health coordinator or a teacher designated by the principal.

### 63.2 Exemption from Physical Examination

Under the School Code the principal shall exempt any pupil from physical examination upon the written application of the parent or guardian thereof. Upon receipt of such application, Form 34-EH-18, "Excuse from Physical Examination," shall be filled out immediately by the principal and filed with the "Health Record" cards. The name of the pupil for whom an excuse from physical examination has been filed shall be reported to the nurse and the doctor on the occasion of their next visit to the school.

The School Code also provides, however, that "whenever there is a good reason to believe that such child is suffering from a recognized contagious or infectious disease such child shall be sent home and shall not be permitted to return until the school authorities are satisfied that such contagious disease does not exist."

Applications for the exemption of pupils from physical examination shall be renewed each year to be valid. If, however, an exemption has lapsed and the pupil protests against physical examination, such examination shall not be made until a reasonable length of time has been allowed for renewal of the exemption.

### 63.3 Health History Taken of All Children

A careful health history is taken of the child and recorded. All notations must be dated. The eyesight, hearing, lungs, and heart are tested; the nose, throat, and teeth are examined; the posture and nutritional status are estimated; nervous and mental reactions are noted; any other congenital or acquired physical defects are appraised. Notations of all defects, recommendations, and other information—personal or family—which may be of value in keeping a satisfactory health record of a pupil are made on the "Health Record" cards, Form 34-EH-6.

### **63.4 Health Record Card for Each Pupil**

The "Health Record" card is a cumulative record of the child's health history, physical status, and health needs. This card is referred to by principals, teachers, counselors, and health co-ordinators for information relative to the health and educational guidance of pupils. All writing on the card should be legible and only standard abbreviations and symbols used. ("Key to Health Card," Form 33.9.)

### **63.5 Report to Parent Required**

According to provisions of the School Code the parent or guardian shall be notified immediately if the pupil is found to need special attention. Form 33.112, "Report of Health and Development Examination," containing the physician's findings and recommendations, shall be submitted to the principal for signature and mailed to the parent or guardian.

### **63.6 Information on Health Cards Confidential**

Information noted on the "Health Record" cards shall not be given to individuals not connected with the Los Angeles City School System other than parents or guardians or authorized local social and health agencies.

### **63.7 Order of Physical Examinations**

1. *Special examinations.* Physical examinations of the following groups of pupils shall be scheduled as early in each semester as possible and prior to periodic health examinations:
  - a. Pupils employed in school cafeterias ("Food Handler's Certificate," Form 33.3.)
  - b. Pupils referred to the physician on account of serious health problems by the nurse, principal, teacher, or parent ("Health Follow-up Card," Form 33.235.)
  - c. R.O.T.C. applicants. Army Form W.D., A.G.O. Form No. 63 is filled out for each pupil. No pupil should be accepted who does not meet U. S. Army R.O.T.C. health standards.
  - d. Pupils about to engage in competitive athletics. All students must pass a physical examination by a school physician before participation in competitive athletics. Special attention will be given to vision, nutrition, heart, lungs, varicocoele, hernia, and acute foot and joint conditions. See health standards for pupils engaging in competitive athletics, etc., Section 63.17. An "Athletic Permit," Form 33.7, authorizing a pupil to participate in competitive athletics, shall be made out at this time if the pupil is physically fit, and there shall be recorded on this form any defect which may have a bearing on the athletic fitness of

**CHAPTER III**  
**PHYSICAL EXAMINATION OF PUPILS**  
 (Sections 63.1 - 63.22)

**63.7 Order of Physical Examinations (Cont.)**

the pupil. Information gained in connection with the examination of athletes shall also be recorded on the "Health Record" card. When a pupil has had a physical examination for one particular branch of competitive athletics and comes up for re-examination for another sport during the same school year, only the heart shall be examined and an interim history of illnesses or infections obtained unless some other condition is obviously needing attention.

In case a pupil with a physical exemption request on file wishes to enter competitive athletics, the parent may file a letter stating that he withdraws the exemption request for this one examination only. This request should be presented to the physician at the time of the examination and should be attached to the exemption card of the individual student.

- e. Pupils returning after absence on account of illness or injury.
  - f. Pupils requesting excuse from participation in any school activity. A request for exemption from participation in a school activity shall be honored until the school physician has determined whether the excuse is necessary. Definite recommendations should be made regarding period of exemption from physical activities.
  - g. Pupils requiring special posture examination. This examination is made prior to routine examinations in order to facilitate the early organization of corrective classes.
  - h. Newly enrolled pupils from outside the Los Angeles City School System.
  - i. Senior A Physical Fitness Check-up. (See Section 61.8.)
2. *Periodic health examinations.* Periodic health examinations of pupils are made whenever special examinations have been completed as follows:
- a. *Kindergarten or first grade.* Pupils shall be examined for the first time by the school physicians while in the kindergarten or in the first grade, but not in both. A "Health Record" card shall be made out at this time for each pupil examined. If the kindergarten or first grade examination reveals any defects in the eyes of pupils, an examination shall be made yearly thereafter. Every effort shall be made by both physician and nurse to have the parent or guardian present for the first physical examination of the pupil. "Health History Form," Form 33.364, should be sent to the



parent to be filled out and brought or sent to the school.

- b. *Fourth grade.* The health history is brought up to date and a thorough physical examination given. The parent is urged to be present. If the examination of all pupils in the fourth grade is not completed, it shall be finished when the pupils are in the fifth grade.
- c. *B-7 grade.* Pupils in the B-7 grade shall be given a physical examination in the junior high schools.
- d. *B-9 grade.* Pupils in the B-9 grade shall be given a physical examination in four-year high schools.
- e. *B-10 grade.* Pupils in the B-10 grade shall be given a physical examination in three-year high schools.

### **63.8 Re-Check of Pupils With Physical Defects**

Pupils with correctible physical defects should be re-checked if follow-up procedures of school nurse or health co-ordinator have been ineffectual in obtaining correction.

### **63.9 Objectives of the Physical Examination**

One of the main contributions which the school physician makes to the school health program is through the physical examination of school children. In planning and conducting these examinations certain broad, general principles should be followed:

1. The experience should be educational for the child and his parent resulting in a desire to maintain high personal health standards and the best health habits.
2. The examination should be thorough and conducted in accordance with the best professional standards so as to impress on parent and child the importance and value of a regular periodic examination by a competent physician and dentist.

On account of the limited amount of physicians' service available, the physicians' time is devoted as far as possible to those services which only a physician can render. Furthermore, the physicians should concentrate their efforts on the children in most need of attention, spending a minimum of time on the routine examination of apparently well children.

The physicians have as their goal not only the discovery and correction of the physical defects of each child examined, but also the achievement by the child of better health habits and attitudes.



**CHAPTER III**  
**PHYSICAL EXAMINATION OF PUPILS**  
(Sections 63.1 - 63.22)

**63.10 General Procedures of the Physical Examination**

1. An adequate health history is obtained from parents and teachers.
2. Every effort is made to have parents present for the physical examination, especially for the first examination in kindergarten or the first grade.
3. Quiet and privacy are sought for all physical examinations.
4. A stripped examination is given whenever parents are present. Junior and senior high school boys are given a stripped examination for competitive athletics, otherwise with gymnasium trunks on only. Junior and senior high school girls are examined in their gymnasium suits unless parents consent to a stripped examination.
5. Adequate time is devoted to each physical examination. A single examination may take from five minutes to twenty minutes, depending on the nature of the case. Children with good health histories and obviously in robust health are given a minimum of time without creating an impression of haste or superficiality. In these comparatively brief examinations, visual, dental, hearing, and minor physical defects which have not as yet affected the general health, may be discovered. Time should be taken to impart health information which the physical status and health attitudes of the pupil indicate to be most essential. Special consideration and time should be given to solving the health problems of the physically and emotionally underpar child.

**63.11 Follow-up Procedures**

School health work is largely ineffective unless health habit patterns are changed for the better, health attitudes modified where necessary and physical defects corrected. Adequate follow-up on the physicians' examinations and conferences is, therefore, of crucial importance. Most of this follow-up must be done by the principal, the school nurse, the health co-ordinator, the counselor, the attendance supervisor, and the classroom teacher. The constant attention of the school physician in following through the individual health problems of children will do much to maintain the interest and enthusiasm of the school personnel in obtaining results. The physician's findings are transmitted to the child's parents, the school nurse, the health co-ordinator, teachers, the principal or vice-principal, in short, to all those concerned with the health and welfare of the child. The school nurse records correctible defects of the pupils examined, and if parents are negligent in referring the child to the family physician or

clinic, a home call is made to educate the parent as to the health needs of the child. These calls are repeated when necessary.

*The physician should make each examination a health education experience for the child.* Health teaching of a positive nature is given so that poor health habits are changed, interest in correction of defects is motivated, and sound attitudes on health are developed.

### **63.12 Scope and Technical Procedure of the Physical Examination**

1. *The Health History.* The health examination of the school child should be preceded by an adequate health history obtained from the parent. This should include the family history, past illnesses, immunizations, health habits, and also a record of any complaints which might be related to emotional maladjustments. Among the more common of these are included thumb sucking, temper tantrums, nail biting, bed wetting, stuttering, habit spasms, faulty sleep habits, jealousies, fears, and anorexia. Dietary habits and nutritional needs should be carefully ascertained.
2. *General Inspection.* The school physician begins his examination by a careful inspection, noting body build, general appearance, posture, color and texture of skin, and condition of the hair. He evaluates rapidly the nutritional status, noting the color of mucous membranes, clearness of the eyes, tissue turgor, firmness of musculature, and general alertness.
3. *Height and Weight.* Height and weight is usually recorded by the teacher. Measurements are taken with shoes and jackets removed. Height and weight tables have been extensively used in schools as an aid in the diagnosis of malnutrition. It is essential to explain to teachers and parents that standard height and weight tables merely represent averages of large numbers of children at certain age levels.  
It is not justifiable to use the term "underweight" to imply a subnormal state of nutrition based on a comparison of the individual child's measurements with a certain height weight table. Obviously, a slim, small boned child may be as well nourished as a thick set, stocky one of the same height. It is, however, important to keep a record of the child's height and weight and to determine periodically whether growth is proceeding normally. While the growth rate of children varies at certain ages, any unusual slowing down of the growth process is cause for careful investigation.
4. *Nutritional Status.* There are many significant factors to be considered in the evaluation of nutrition. Most important are: the general appearance of the child; an alert, happy expression; clear, bright eyes; good posture; the color of the mucous membranes; tissue turgor; firmness of musculature; a moderate padding of fat; a strong well-built bony framework; a healthy appearance of the skin; etc.

(Continued on next page)

CHAPTER III  
PHYSICAL EXAMINATION OF PUPILS  
(Sections 63.1 - 63.22)

**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

5. *The Skin.* The skin is inspected carefully for lesions of impetigo, ringworm, scabies, etc., and for rashes of communicable diseases.
6. *Lymph Nodes.* An attempt should be made to palpate the superficial cervical and submaxillary lymph nodes. Enlargement of the anterior and posterior cervical chains are significant in evaluating tonsil, adenoid, and sinus infection. Generalized enlargement of lymph nodes not due to obvious skin infection should always lead to examination of the blood for hematologic or luetic involvement.
7. *Thyroid Gland.* Enlargement calls for further investigation.
8. *The Eyes.* All periodic physical examinations of school children shall include a careful examination of the eyes. When this examination is being made on a child entering school for the first time or when a child is specially referred for physical examination on account of symptoms of eyestrain, reading difficulties, retardation, or behavior problems, the eye tests should consist of: (a) a determination of the visual acuity of each eye separately by means of some form of a Snellen Chart, (b) a test of the convergence ability of the eyes, (c) a rough estimate of the co-ordination of the eyes.

The Health Section furnishes the letter chart, direct or reverse; the E; and the broken square eye chart.

The "convergence near point" (C.N.P.) is determined by having the child fix on a point, as the tip of a pencil, at 13 inches straight in front and slightly below the plane of his eyes and then follow the point as it is gradually moved toward the tip of his nose. Both eyes should converge equally until the point reaches a distance of not more than 3 inches from the eyes. Marked failure, 5 inches or more, is an indication of "convergence insufficiency" and is associated with difficulty, as in reading. It warrants recommendation for further examination.

A general idea of the co-ordination of the eyes is determined by the "screen test" at the reading distance of 14 inches.

"Screen Test"—The patient is directed to look sharply at the test object and then a card is placed before the right eye and passed quickly to and fro from one eye to the other.



“If there is orthophoria, neither eye will deviate when covered, and each, consequently, will remain steady when the screen is removed. If, however, there is a squint or heterophoria of more than a degree or two, each eye when covered will deviate, and when uncovered will turn back into the fixing position. Thus, if there is either an esophoria or convergent squint, each eye in turn will deviate in or towards the nose when covered, and will swing out again when uncovered.” (Fuchs’s Text-book of Ophthalmology.)

The significance of convergence insufficiency or of deviations shown by the screen test is the consequent difficulty in fusing and its relation to reading.

For standards and procedures for referral to sight saving classes see Section 67.11.

9. *Ears and Hearing.* The ears of each child should be inspected for disease, discharge, and excessive cerumen. An electric otoscope for examining the external canals and membrana tympani is desirable.

A child may be suspected of having impaired hearing if during the examination he

- a. Does not answer readily.
- b. Gives irrelevant answers.
- c. Turns one ear toward the speaker.
- d. Frequently asks for statements to be repeated.
- e. Has the peculiar enunciation of the deaf.
- f. Talks in very loud or very low tones, especially the latter.

The examiner may roughly estimate the auditory acuity by testing with the spoken and whispered voice produced by residual air, that is, using only the intensity possible with the air left in the lungs at the end of a moderately forced expiration. The whisper so produced can be heard by the normal ear in a quiet room at 20 feet, hence the basis of our computation.

The child should be placed 20 feet from and with his right ear toward the examiner so he cannot watch the examiner’s lips. The child then gently closes the canal of the left ear by pressing one finger against the tragus. To test the left ear he turns in the opposition direction and closes the right ear. It should be previously explained to the child that he is to repeat exactly what he hears. The examiner, at 20 feet, begins by pronouncing numbers, varying between vowel and consonant sounds, as 44, 98, 83, 25, 67, 76, and 77. The examiner approaches the child foot by foot until three or four numbers in succession are answered correctly. As numbers are understood better than sentences he then changes to short sentences of like combinations of sounds, such as: Boys are playing. Dogs are barking. Birds are flying high. Girls are singing sweetly. Girls are sewing. The ship is in the harbor. With the small child single words may be used, as: four, six, seven, puppy dog, kitty cat, sister, ice cream, popsickle.

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**CHAPTER III**  
**PHYSICAL EXAMINATION OF PUPILS**  
 (Sections 63.1 - 63.22)

**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

Having determined the distance at which the spoken voice is heard, it is recorded as: spoken voice, rt. ear—numbers 20 ft., sentences 18 ft. (or 20/20 18/20) or a distinction between numbers and sentences may not be made. The test is then repeated with whispered voice and a record made.

The watch is sometimes used in testing school children but is not very satisfactory. To be of any value the distance at which the particular watch can be heard in a quiet room by normal ear must be predetermined. Also the same side of the watch must be presented to the ear being tested. The test is recorded in feet or inches but is of little value for the next tester will probably not have the same watch.

The clicking coin test is of value to determine the ability to hear just that but of no value to determine the ability to interpret audible speech.

Two points are to be stressed in all hearing tests:

- a. A quiet room must be obtained.
- b. The tendency is to make the child hear and the force of the whispered voice may be increased unconsciously.

Naturally the spoken voice test varies with different voices. The whispered voice test is more uniform. Any noticeable impairment by the spoken voice test or a hearing loss of 15/20 or approximately 25% as shown by the whispered voice test warrants referring the pupil to his otologist or to the Yale Street Clinic or the office in the Chamber of Commerce Building for an audiometer test. A parent or guardian should accompany the child.

A pupil with 20% to 30% hearing loss is recommended for speech reading instruction, especially if his attitude in class indicates difficulty in hearing. Students with 30% loss or more are referred to the School for the Deaf.

10. *Nose.* "The nasal septum should be in the mid-line with ample breathing space between the septal wall and turbinates. Pale swollen turbinates and watery discharge obstructing the nasal cavities suggests allergic rhinitis. (They account for obstruction to nasal breathing and should not be mistaken for obstruction by adenoids unless further examination demonstrates both types of obstruction to be present.) Purulent discharge may be due to sinusitis. In one-sided discharge one should always look for a foreign body." (Health Appraisal of the School-Aged Child, American Academy of Pediatrics.)

11. *Throat.* The important question here is the condition of the tonsils and adenoids. Advice for their removal should be based on definite indications. Prophylactic removal of tonsils and adenoids (removal to prevent something which has not yet occurred) is not justified. The younger the child the greater should be the demonstrable need. Tonsils and adenoids are best preserved until after six years of age unless there are strong indications for earlier removal. Indications may exist for adenoid removal alone, and in such cases age consideration is of less importance. In general, the appearance of the tonsils gives less information relative to the need for removal than the history of frequent and severe throat infections. The occasional attack of tonsillitis, by itself, is not an indication for operation. The following suggestions are offered as indications justifying tonsillectomy or adenoidectomy or both. Adenoids: obstruction to breathing; impairment of hearing accompanying each head cold or persisting after a head infection; persistent draining ear due to tubal and middle ear infection as distinguished from mastoiditis; chronic sinusitis. Tonsils: hypertrophied tonsils of the obstructing type; repeated attacks of tonsillitis accompanied by more or less chronic enlargement of regional lymphnodes; disturbed nutrition manifested by loss of appetite and failure to make expected gains in weight in children subject to frequent infections of the nose and throat, but who are otherwise well; as a source of focal infection in such diseases as postinfectious hemorrhagic nephritis, rheumatic fever, recurrent or cyclic vomiting where tonsillitis seems to be the exciting factor, in some types of arthritis, and in diabetes mellitus when it is desirable to keep infections and the dosage of insulin at a minimum." (Health Appraisal of the School-Aged Child, American Academy of Pediatrics.)
12. *The Teeth.* The physician examines the teeth and gums, using a tongue blade, with the child in a good light. Parents and children should always be advised that by this method only the largest cavities can be discovered and that all children should have their teeth inspected by the family dentist at least twice a year. Orthodontic defects should also be recorded. As clinic facilities for orthodontia are extremely limited, pressure on parents for correction must vary with financial status of family.
13. *The Chest.* The chest should be symmetrical with expansion equal on both sides. Significant deformities or abnormalities should be recorded.

CHAPTER III  
PHYSICAL EXAMINATION OF PUPILS  
(Sections 63.1 - 63.22)

**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

14. *The Lungs.* Abnormalities of the lungs are seldom found in well children. Tuberculous disease of the type that gives positive physical findings is uncommon in children before the age of puberty. Primary tuberculous infections, formerly referred to as "childhood type," rarely give rise to physical signs. The tuberculin test and X-ray examination are far superior to physical examination in detecting tuberculosis in children. Rales or abnormal breath sounds or both, particularly when heard at the bases of the lungs posteriorly, lead to suspicion of a non-tuberculous pulmonary disease, such as bronchiectasis. A history of chronic cough heightens this suspicion.
15. *The Heart.* The diagnosis of heart disease in school children is of major importance. If undiscovered, strenuous academic work or overindulgence in athletics may increase the handicap and reduce life expectancy. On the other hand, the greatest care should be taken not to fasten on a child even the faintest suspicion of a heart defect which does not exist, as cardiac neurotics are easily made, but unmade with the greatest difficulty.

Pupils who have been exposed to active tuberculosis or who present symptoms suggestive of tuberculosis should be referred for diagnosis to the family physician or to the Chest Board at Yale Street Health Center.

Under no circumstances should a heart condition be discussed in front of a child unless the school physician is certain that the child is already fully aware of the defect. When a heart defect is discovered or suspected, a conference with the parent should be arranged. When the school physician feels that further laboratory work and the opinion of an expert cardiologist are needed to establish the diagnosis and outline a school program adjusted to the child's cardiac condition, the child should be referred to the family physician or cardiologist or to the Yale Street Heart Board.

"In examining the heart its size, murmurs, rate and rhythm are noted. For all practical purposes the size of the heart can be satisfactorily and most readily determined by locating the position of the maximum apex thrust. In the five-year-old child this is normally in the fourth interspace approximately in the nipple line. An apex thrust much outside the nipple line and downward is indicative of an enlarged heart and calls for further examination. Heart murmurs in children may be either functional, congenital or acquired. Functional murmurs are commonly heard in childhood. It is important that they not be



interpreted as heart disease and an unnecessary limitation of activity prescribed. As a rule they are heard at the base of the heart, at the left sternal border, occupy only a part of systole, are not transmitted to the axilla, and tend to change with position and respiration and to disappear altogether with exercise. Functional murmurs are not accompanied by cardiac hypertrophy.

“Congenital murmurs may or may not be accompanied by cyanosis, and may or may not be accompanied by a palpable thrill. They are louder and more constant than functional murmurs, and tend to be transmitted in every direction. They are practically always systolic in time and are usually heard loudest over the body of the heart above the apex. Knowledge on the part of the parents that the murmur has been present since birth or early childhood is evidence of its being due to congenital heart disease. Since there is no treatment for congenital heart disease, other than possible, surgical treatment of a patent ductus arteriosus, it must be differentiated from acquired heart disease which is almost always rheumatic in type and for which treatment is vital.

“Acquired or rheumatic heart disease is uncommon before three years of age. Since the mitral valve is almost invariably involved, the murmur or murmurs are maximum at the apex. The systolic murmur tends to be transmitted to the axilla, while diastolic murmurs remain localized. The presence of a diastolic murmur, either over the mitral area or in the second left interspace at the sternal margin (aortic regurgitation) is almost conclusive evidence of rheumatic heart disease. Furthermore, the rheumatic child will usually yield some history of sore throat, muscle or joint pains, nervousness, pallor, anorexia or fatigue. It is imperative that such children be screened out for special investigation and treatment. The X-ray, electrocardiogram, blood count, sedimentation rate and prolonged observation may all be needed in doubtful cases to establish the true cause of a heart murmur; but every effort should be made to avoid mistaking functional and congenital murmurs for murmurs of rheumatic heart disease and vice versa, since an injustice may be done if an error is made either way.

“The normal heart rate for a five-year-old child is approximately from 90 to 105 per minute. Apprehension over the process of being examined not infrequently causes a considerable increase over the normal. A re-check at the conclusion of the examination may detect this situation. A persistent rapid rate of 120 or over merits further investigation. Pathologic slowing of the heart rate is encountered so infrequently in school-aged children that it need not be considered here. The most common irregularities occurring in childhood are sinus arrhythmia and extrasystoles. Since neither of these is of pathologic significance, they too need not be discussed further.” (*Health Appraisal of the School-Aged Child*, American Academy of Pediatrics.)



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**PHYSICAL EXAMINATION OF PUPILS**  
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**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

*Aids to Heart Diagnosis in Children*

Significant signs and symptoms:

*Cyanosis* (chiefly in congenital pulmonary stenosis)

*Marked retardation in physical development* (chiefly in congenital conditions, also in severe acquired lesions).

*Marked fatigability* (may also have other causes).

*Undue shortness of breath* (present only when heart is failing).

*Definite heart enlargement* as shown by inspection, palpation, and percussion (with child recumbent).

*Rapid, weak heart sounds*, when found following recent severe illness or accompanying other signs of organic defect. (In appraising strength of heart sounds, thickness of chest wall, muscle, fat, etc., should be taken into account).

*Diastolic murmurs*, always. Heart, however, may be compensated.

*Systolic murmurs* when accompanied by a definite thrill.

*Loud, high pitched, or rough systolic murmurs*, replacing or obscuring the first sound at the apex, and remaining constant with change of position, through all phases of respiration, and accentuated or unchanged by exercise.

*Overactive, rapid, forcefully beating hearts*, often with high blood pressure in high school athletes, indicating possible endocrine dysfunction or a hyperactive nervous system.

*Heart rates below 50*, indicating possible heart block.

*numerous extrasystoles* that remain after exercise test (hopping on one foot 100 times). Most extrasystoles in children are not indicative of functional or organic heart disease.

*Fallacies That Have Gained Wide Currency*

*That pain in chest usually indicates heart defects in children.*

Transient chest pain is a common complaint in childhood; only 1 to 2 per cent have heart disease.

*That malnutrition (with normal cardiac findings) may have an obscure heart lesion as its basis.*

Malnutrition, unless severe, does not affect the heart.

*That simple tachycardia indicates functional heart disease.*

It is often normal, or a sign of nervous tension.

*That weakness, dizziness, fainting, etc., are common symptoms of heart disease in children.*

As in the case of chest pain these symptoms usually have non-cardiac causes.

*That chronically infected tonsils are frequently the cause of heart murmurs.*

Infected tonsils may be a factor in rheumatic heart disease, in which case, if the heart has been damaged, there are usually signs of a valve lesion, cardiac enlargement, or both.

*That soft, systolic murmurs at the pulmonic area are indicative of a valve lesion.*

Soft, low-pitched pulmonic murmurs are found in many normal children. Such a murmur, however, is occasionally associated with a congenital anomaly.

*That "haemic murmurs" are to be expected in malnourished, anemic children.*

They are present only in children with dilated hearts with relative valvular insufficiency, and other signs of heart failure are usually present. A haemic murmur may accompany *extreme* anemia, but such children are in no condition to be in school. "There may be other causes for the apical systolic murmur which we do not know, but certain old terms like 'haemic' and 'accidental' should be omitted." *Heart Disease*—Paul D. White, p. 107.

*That if a child has a history of rheumatic fever he must therefore have heart disease.*

Many children have rheumatic fever without heart involvement and many others with heart infection recover without permanent damage to the heart. However, children with a definite rheumatic history should have a yearly physical examination and parents should watch them closely for pallor, weight loss, etc. In all cases where the school physician is in doubt as to the heart condition the child should be referred to the Heart Board at Yale Street Health Center unless he is already under the care of a private heart specialist. When the child is under the care of a family physician, the school physician should consult him or have the parent obtain his approval before making the appointment.

16. *The Abdomen.* Male athletes are examined for epigastric or navel hernia.
17. *Genitals.* Genitals are only examined with the written consent of the parents, except male athletes and R.O.T.C. candidates who are checked for hernia, varicocele, undescended testes, phimosis, adherent prepuce, hypospadias, etc.
18. *Nervous System.* Physicians should be alert to neurologic abnormalities, ties, chorea, Little's disease, residual paralyzes of poliomyelitis, etc.

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**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

19. *Posture.* "In the examination for posture the first essential is to make certain that no organic lesions exist either in the skeletal muscles or bony framework. The spine should move freely in all directions. Where the cause of a scoliosis, kyphosis, or lordosis is not apparent, arrangements should be made for a special orthopedic examination. The extremities should be of equal length and all joints should move freely through their normal arcs. Any asymmetry between the two sides should be carefully noted. Atrophy of a muscle or of a muscle group may be the result of a previously unrecognized poliomyelitis. Other muscular dystrophies occasionally may be encountered which affect the child's appearance and carriage. The gait should be observed in order to detect any peculiarities." (*Health Appraisal of the School-Aged Child*, American Academy of Pediatrics.)

Having determined that no bony or muscle deformities are present, attention is next directed to functional defects in posture. In this connection, such factors as body type, fatigue, recent illness, and inadequate diet should be given major consideration in evaluating the true significance of the postural defect. Obviously, special exercises for posture correction are not indicated until fatigue, malnutrition, and other factors impairing general health and muscle tone have been eliminated. It is of major importance that the child with a fatigue posture receives sufficient rest and that the diet be adjusted to ensure meeting nutritional needs. The teaching of correct sitting and standing posture, however, should be a regular classroom procedure and encouraged at all times.

"Closely allied to posture is the question of the feet. In examining the feet of the school aged child, one should note the line of transmission of weight from the legs to the feet by lining up the heel cords from the rear and observing the child during walking to detect roll of the astragalus. In good feet this line passes through the center of the heel or slightly to the outside. In a potentially weak foot it passes to the inside of the center and the heel rolls out, thus throwing the weight to the inner or weak side of the long arch rather than to the outer or strong side. The height of the long arch is of no special importance so long as weight is transmitted through the center of the foot. In fact the low arch in a well balanced foot is least likely of any to be a cause for trouble in the future." (*Health Appraisal of the School-Aged Child*, American Academy of Pediatrics.)



The physical examination provides an ideal opportunity for emphasizing the importance of good posture. A compliment can be a stimulation and a comment or word of advice an incentive. In evaluating posture the standards established by the Children's Bureau, Washington, D. C., are helpful.

A. Excellent posture.

1. Head up, chin in (head balanced above shoulders, hips and ankles);
2. Chest up (breast bone the part of body farthest forward);
3. Lower abdomen in, and flat;
4. Back curves within normal limits.

B. Good posture.

1. Head slightly forward;
2. Chest slightly lowered;
3. Lower abdomen in (but not flat);
4. Back curves slightly increased.

C. Poor posture.

1. Head forward;
2. Chest flat;
3. Abdomen relaxed (part of body farthest forward);
4. Back curves slightly increased.

D. Bad posture.

1. Head markedly forward;
2. Chest depressed (sunken);
3. Abdomen completely relaxed and protuberant;
4. Back curves extremely exaggerated.

When a postural defect is evident to such an extent that further attention is indicated the type and degree are recorded on the health card, using the following symbols, for example, K<sub>2</sub> (kyphosis, second degree), L<sub>3</sub> (lordosis, third degree), F<sub>1</sub> (flat feet, first degree). Degree 1 designates the early functional condition; degree 2 indicates a more advanced functional condition; degree 3, a severe postural defect bordering on the structural; degree 4, structural defect.

It is fully understood that such a system of grading is only approximate and varies somewhat with the individual judgment of the examining physician.

Body type should be considered in the grading, as degree 1 for a lithe or slender pupil would call for attention, whereas, in the stocky type it might be inconsequential and require only the usual posture instruction.

Degree 1 and 2 can usually be corrected by co-ordination, rhythm, and posture training. Degree 3 generally requires, in addition, special exercises and orthopedic procedures. The more complicated types of degree 3 and all degree 4 cases should be referred either to the family orthopedist or to the Orthopedic Unit of the Yale Street Clinic. Written reports should be obtained and the recommendations for special exercises or procedures brought to the attention of the corrective physical education teachers.



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**63.12 Scope and Technical Procedure of the Physical Examination (Cont.)**

All pupils with poor posture should be assigned to corrective physical education if classes are available.

20. *Psychiatric examination of pupils.* (Administrative Guide 13.258)

Obvious psychiatric cases shall be reported at once to the school physician or nurse or to the Health Service Section, 810 Chamber of Commerce Building, Station 63, so that arrangements may be made for a psychiatric examination either by a psychiatrist selected by the pupil's family or at the Yale Street Clinic.

Suspected psychiatric cases shall be given a thorough psychological examination by the Board of Education psychologist. If this examination indicates the need of a psychiatric examination the procedure set forth in the above paragraph shall then be followed.

**63.13 Procedure in Requesting a Neuropsychiatric Examination for a Pupil**

In requesting a neuropsychiatric examination for a pupil, Form No. 33.10 should be used. In making out this form, the following suggestions have been made by our neuropsychiatrist:

Under Caption 2 (problems for which you wish child's examination):

State the complaint that first came to your attention and the source of the complaint; e. g., from the principal, parents, playground, etc.

Caption 3: Give the psychological findings which can usually be obtained from the principal's office.

Caption 4 (teachers' and principal's comment): If possible, ascertain what, if anything, others than those who have made the original complaint have to say about the child's behavior and adjustment.

Caption 5 (health data): If anything significant appears on the health card or you have had any particular experience with the child's health, please state it in this section.

Caption 6 (social and family data): Please state what, if anything, you have observed on your home visits or what experiences you have had with the parents when they attended school or Parent-Teacher meetings. Economic level, cleanliness and orderliness, co-operation with health advice, harmony or disharmony in the home, standing in the community, court or social agency records, etc., are relevant information in this section.

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### **63.14 Problems Suitable for Neuropsychiatric Study**

Nervousness in any form, ties and habit spasms, epilepsy, paralysis of any kind, persistent fighting, persistent truancy, persistent stealing, hyper-activity, abnormalities, deformities of growth—especially if they create an adjustment problem, bed-wetting or self-soiling, marked fatigability, extreme moodiness, violent temper or tantrums and other similar conditions.

Impress upon mother the necessity of accompanying the child to the clinic. She is the only one from whom an early health history adequate for neuropsychiatric purposes can be obtained.

### **63.15 Audiometer Testing.**

Arrangements for audiometer testing should be made through the Eye and Ear Unit of the Health Service Section. Inattention in classroom is frequently due to partial deafness or deafness in certain frequencies. Ideally all pupils should be given an audiometer test as early in their school life as possible. Much unsuspected deafness would be discovered. All students failing the test will be examined by an ear, nose, and throat specialist of the Health Service Section, and notices are sent to the parents or guardians. The school nurse will follow up those cases that need further attention and correction.

Students with exemption cards on file are not eligible for audiometer testing. Individual audiometer tests are given to pupils at Yale Street Clinic. Social servicing by the school nurse is not necessary in referring these children for diagnosis to Yale Street Clinic.

### **63.16 Screening of Pupils for Visual Defects by Classroom Teacher**

As a period of three or four years sometimes elapses between physicians' examinations, arrangements should be made with the principal to instruct classroom teachers in the use of the classroom eye chart, which is a modification of the Snellen Eye Chart.

It should be explained to all teachers that this is merely a crude screening device for discovering children with major visual defects. All cases screened out by the teacher will be re-checked by the school physician before notices are sent to the parent, or appointments made for clinic care.

Since the accurate determination of the visual acuity of a small child is an art requiring skill and tact, the following points should be emphasized in instructing teachers in the use of the classroom eye chart.

1. A young child may be frightened or hurried into recording 20/200 vision while actually possessing normal acuity. Time should be taken to put him at ease.

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**63.16 Screening of Pupils for Visual Defects by Classroom Teacher (Cont.)**

2. Constant watching is required to keep young children from peeking around the side of the eye cover when the covered eye has good sight and the uncovered eye has very poor sight. They are impressed with the need for answering correctly and forget or don't understand that the test is for visual acuity, not reading ability.
3. Never hang a chart near an uncovered window if the child, while reading the chart, has to face the window.
4. Do not have a bright light (natural or artificial) shining into the eyes of the child being tested; do not hang the chart in direct sunlight.
5. Avoid the use of an eye cover that reflects a bright light into the covered eye. Use dull opaque material.
6. Never allow the child to press the eye cover or his hand against the covered eye while reading with the other one. This temporarily blurs the vision of the covered eye.
7. Do not ask a young child to read every character on a chart nor even all the larger characters of the upper lines if he can read the smaller ones. The attention span of young children is short.
8. Do not leave the charts in view where they may be memorized, nor allow children standing around waiting to be tested to be closer than 20 feet from the chart. Also do not have many children waiting at a time as they may memorize the letters they cannot see by hearing them oft repeated.
9. It is always advisable to point to the character to be read as the young child easily loses his place and becomes confused.

**63.17 Physical Standards Governing Athletic Permits for Students Taking Part in Athletic Contests**

*General Policy Governing Issuance of Athletic Permits*

1. All students who wish to take part in an athletic contest must first obtain a permit based on a physical examination by a school physician, repeated when necessary.
2. All students who have been absent from school for more than five days on account of any illness must have a renewal of their athletic permits by a school physician before they engage in athletics.



3. All students who have received major injuries\* must have a renewal of their athletic permits by the school physician.
4. All students who have had two or more major injuries\* must procure a special permit from the school physician which may be revoked at the discretion of the school physician.

*Rules Governing the Physical Examination of All Athletes Applying for Permits To Enter Competitive Athletics (Boys)*

The following rules will be observed in the preliminary examination of all applicants by the physician. The presence of any of these signs, of course, calls for more intensive examination.

General:	Allow no acute infectious condition.
Skin:	Allow no gross infection.
Eyes:	Allow no important infection. When glasses must be worn and would constitute a hazard, pupil must wear a "cage".
Vision:	Allow 20/100 if corrected to 20/40; 20/40, 20/40 if neglected.
Ears:	Allow no infectious discharge.
Hearing:	Allow 0/20, 10/20.
Throat:	Allow no infection with or indication of absorption.
Teeth:	Allow no oral sepsis. Allow no more than one cavity 2mm in size. All cavities including pit cavities must be filled within one month of notification.
Heart:	Blood pressures of above S. 130, D. 90 call for re-check and careful cardiac study. Allow pulse rate below 105 in recumbency for three successive examinations. Higher rates call for re-check and careful study. Allow no organic cardiac defect. Allow no functional condition in which exertion would be detrimental in the opinion of the examining physician. Allow no marked arrhythmias. In appraisal of the heart condition some physicians are using exercise tolerance tests, including the Schneider test used in the Army. In questionable cases, obviously, X-rays and electro-cardiograms will be required.
Lungs:	Allow no tuberculosis. A chest plate should be required. Policy regarding tuberculosis: All cases should be re-checked every year. A close observation should be kept on boys who are contacts to active cases. Allow no competitive athletics for boys showing continuing weight loss or undue fatigue.

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\*Major injuries: Sprains, dislocations, fractures, head injuries, infected wounds and boils, incompletely healed lacerations, any injury which would make competitive contests a hazard or a detriment to the health of the individual student.



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**63.17 Physical Standards Governing Athletic Permits for Students Taking Part in Athletic Contests (Cont.)**

**Lungs: (Cont.)**

**Primary infections.**

1. Positive Mantoux, negative X-ray. No restrictions.
2. Positive Mantoux, hilar gland infection, calcified. No restrictions (if general condition is good) except for strenuous, sustained competitive sports, as basketball.

**Re-infection tuberculosis.**

1. Arrested cases. As advised by attending physician or clinic.
2. Observation cases. As advised by attending physician, or clinic.

Allow no pleurisy or history of pleurisy within one year.

Allow no asthma within six months.

Allow no history of frequent attacks of bronchitis.

**Posture:** Allow no structural deformity of consequence in any part (e.g., below third degree scoliosis).  
 Allow no ankylosis of the extremities or of the spinal column.

**Feet:** Allow for racial characteristics in Negroes, Jews, and Oriental races.

Allow 3° fallen arches without subjective symptoms.

**Nervous disorder:** Allow no grand mal epilepsy.

**Endocrine disorder:** Allow physician's own judgment in all other cases.

**Hernia:** Allow physician's own judgment.

Allow none for football, basketball, baseball, track, tennis, and other major sports with the exception of golf and swimming when approved by the family or clinic physician.

Allow no undescended testicle where exposed to pressure for football, basketball, or baseball.

**G.U.:** Allow no nephritis.

Where the local situation permits, a urinalysis should be required of all athletes.

**Weight:** Allow no obvious underweight (where boy is definitely underweight in relation to his skeletal type.)

**Postoperative conditions:** Allow physician's judgment; a written release from the operating surgeon is recommended.

**Fatigue:** Undue fatigue with athlete showing poor recovery at any time during the season, always calls for investigation.

(Continued on next page)

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5. Interpretation of standards qualifying students to take part in athletic contests must be left to the discretion of the physician of the school health service as the severity of the disqualifying defect and the type of sport involved will, of necessity, modify their application.

**63.18 Rules Governing the Physical Examination of All Girls Participating in Girls Athletic Association and Physical Education Activities and the Examination of Girls for Referral to Special Classes.**

General:	Allow no acute infectious condition.
Skin:	Allow no gross infection.
Eyes:	Allow no acute infection.
Vision:	With severe visual defects, the amount and type of exercise is to be left to the judgment of the private physician and the school physician. It is advisable not to wear glasses while participating in activity. If worn a note from the parents must be on file assuming responsibility in case of an accident incurred from breaking the glasses.
Ears:	Allow no acute or chronic discharge—the type of activity to be decided by the school physician.
Hearing:	If not assigned to special classes for the hard-of-hearing, the activity is to be decided by the school physician.
Nose:	Allow no chronic sinusitis with symptoms; hay-fever, tendency to epistaxis, obstructed nasal breathing—to be left to the judgment of the private physician and the school physician.
Teeth:	Allow no oral sepsis, gingivitis, periodontoclasia for G.A.A. Allow no evidence of caries for G.A.A.
Heart:	Allow pulse rate of 105 in recumbency for three consecutive examinations. Allow no organic murmurs. Allow no marked arrhythmias. Allow no functional condition in which exertion would be harmful or contraindicated. Allow no myocarditis or potential heart disease. Allow no chorea.

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**63.18 Rules Governing the Physical Examination of All Girls Participating in Girls Athletic Association and Physical Education Activities and the Examination of Girls for Referral to Special Classes (Cont.)**

- Lungs:** Policy regarding tuberculosis  
All cases should be re-checked every year.  
A close observation should be kept on girls who are contacts to active cases.  
No physical education should be allowed if weight loss, undue fatigue, or pleurisy are noted.  
Primary infections.  
1. Positive Mantoux, negative X-ray. No restrictions.  
2. Positive Mantoux, hilar gland infections, calcified. No restrictions (if general condition is good) except for strenuous, sustained competitive sports, as basketball.  
Re-infection tuberculosis  
1. Arrested cases. As advised by attending physician or clinic.  
2. Observation cases. As advised by attending physician or clinic.  
Allow no pleurisy or history of pleurisy within one year.  
Allow no asthma within six months.  
Allow no history of frequent attacks of bronchitis.
- Posture:** Allow no structural deformity which would endanger the pupil, herself, or other girls in the class.  
Allow no ankylosis of the extremities or the spinal column.  
Allow no chronic osteomyelitis.

Menses:	Allow no cramps such as necessitate absence from school. Allow no too frequent or prolonged menses.
Hernia:	Allow no rupture.
Epilepsy:	To be on the recommendation of the attending physician and school physician.
Diabetes:	To be on the recommendation of the attending physician and the school physician.
Students with exemption cards on file:	Signed consent slips must be on file for the physical examination for G.A.A.

In all extra-curricular activities such as G.A.A., class and school plays, offices, etc., the approval of the physician may be used as a leverage for the correction of minor defects and faulty health habits.

### 63.19 Rules for the Selection of Girls for the Corrective Classes

All girls should be approved for the corrective classes by the school physician.

General:	Where postural training is indicated. Orthopedic conditions.
Nutritional	
Disturbances:	Physically below par child. Grossly overweight child.
Vision:	Not eligible for regular gymnasium—on the recommendation of the attending physician.
Nose:	Frequent upper respiratory conditions affecting the general health. Sinusitis with recurring attacks. Nasal obstruction with impaired breathing making exercise difficult. Hay-fever with frequent acute attacks.
Heart:	Those who are not eligible for regular gymnasium and who have not been assigned to rest class.
Lungs:	See policy regarding tuberculosis. Idiopathic pleurisy. Asthma with occasional attacks.
Abdomen:	Hernia. Chronic appendicitis.
Menstrual	Dysmenorrhea necessitating absence from school
Difficulties:	Too frequent or prolonged menses. Amenorrhea, if physical findings warrant it.
Endocrine	On the recommendation of the attending physi-
Dysfunctions:	cian and the school physician.
Epilepsy:	On the recommendation of the attending physi-
	cian and the school physician.
Diabetes:	On the recommendation of the attending physi-
	cian and the school physician.



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**63.20 Rules for the Selection of Girls for Rest Classes**

All girls should be approved for the rest class by the school physician.

Candidates:

1. **Weight and Fatigue**  
 Markedly underweight, i.e., 20% or more.  
 Losing weight when girl is normal as to skeletal type.  
 Tiring easily.
2. **Nose**  
 Those with nasal conditions making regular gymnasium inadvisable and where corrective exercises are not indicated.
3. **Heart**  
 Organic lesions  
 Tachycardia  
 Arrhythmia  
 Recommended by the Heart Board or private physician.
4. **Lungs**  
 Asthma—severe and frequent attacks  
 Bronchitis  
 Potential or incipient tuberculosis.  
 Recommended by the Chest Board or private physician.
5. **Recent surgery**  
 Appendectomy—as long as considered advisable by school physician.  
 Tonsillectomy—as long as considered advisable by school physician.
6. **Recent injuries or accidents**  
 Skull fractures  
 Concussions
7. **Endocrine disturbances, thyrotoxicosis, etc.**
8. **Menstrual.**  
 Those cases which in the school physician's opinion are not eligible to corrective classes.
9. Any pupil returning from an absence because of illness should be referred by the registrar to the health coordinator or corrective teacher and should not return to full physical activity program until approved by the school physician.
10. **Abdomen**  
 Hernia  
 Chronic appendicitis.
11. Written request of the parent—to be authorized by the school physician.
12. Written request of private physician—to be authorized by the school physician.
13. Any child who has not been placed in the corrective classes because of epilepsy or diabetes.

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### **63.21 Regulations on Menstruation and Physical Education**

Girls should automatically be excused from dressing the first three days of the menstrual period.

If necessary to be excused for longer than the three day period, a note must be brought from home.

If this procedure is followed, any girl who habitually remains at home because of menstrual difficulty must be under medical treatment and procure a written statement from her family physician to that effect.

Girls should be permitted to sit indoors during inclement weather and outside on fine, sunny days.

### **63.22 Techniques for Group Postural Examinations**

Group examinations are important because they screen out all of the more serious cases in the beginning in order that they may be assigned to special groups. The complete examination may be scheduled later.

1. Have pupils stand in line. Do not use a set order or procedure as to which segment is checked.
2. Have someone write down defects, using separate sheets of paper for each defect. If the same name appears several times, that individual should receive early attention.
3. It is better to have pupils wear bathing suits or sun suits. If clothing is worn, watch for uneven shoulders, hems, belts, etc. These are often indications of faulty posture. Shoes are a good indication of foot conditions. Learn to note where shoes are worn.
4. Note body types. Pay particular attention to lithe and stocky individuals. The medium type is not likely to need special attention even if there are some slight defects. If a lithe individual has no outstanding defects, but shows a tendency to slump, she should be put in a corrective group.

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**63.22 Techniques for Group Postural Examinations (Cont.)**

**5. Examination:**

- a. Group facing front—place fingers on tip of acromium process to detect a high shoulder—notice lines of trapezius coming down the side of the neck.
- b. Check for uneven pelvis by placing thumbs under anterior superior spines and fingers over crest of the ilium. Notice waist angle.
- c. Side view—get line-up from the side, running hand down the back if clothing is worn to determine spinal curves. Notice width of scapulae—should be about three inches apart in lithe type—wider in stocky type.
- d. Examination of legs
  - (1) Front view—feet parallel—look for bow legs or knock knee. Ankles separated and knees touching indicate knock knee. If there is tibial torsion, the knee cap will turn in but is not a true knock knee.
  - (2) Lateral view—to examine for back knee, place one hand on back of pelvis and push back on knee with the other hand. If there is back knee there will also be round shoulders and forward head.
- e. Examination of feet—Ask the group to remove shoes and stand with feet parallel. Note if there is tension of the anterior tibial tendons which indicates attempt to correct foot position. The lines of the inner and outer sides of the ankles should be straight. An angle between the outer malleolus and outer border of the foot indicates pronation. Note the position of the longitudinal arch and scaphoid. Callosities on the big toe and ball of the foot indicate a weak foot.





**CHAPTER IV**  
**COMMUNICABLE DISEASE CONTROL**  
(Section 64.1 - 64.10)

**64.1 Control of Major Communicable Diseases**

(Administrative Guide 13.262)

In order that adequate measures for the control of communicable diseases may be carried out in all schools, the following procedures have been outlined by the Health Service Section and approved by the City and County Health Departments. This outline summarizes the procedures recommended and in force at the present time.

When a case of major communicable disease such as diphtheria, scarlet fever, smallpox, poliomyelitis, or epidemic meningitis is discovered in a school or is suspected, the principal shall see that the parents of the pupil are notified to call for the latter or the principal shall see that he is taken home. All brothers and sisters or other pupils living at the same address shall also be excluded. In the case of any suspected major communicable disease the final diagnosis is made by the health officer, who should be notified immediately, giving name, age, and address of pupil and disease suspected. For pupils living in city territory, call Michigan 5211; in county territory call nearest county health office.

*The following procedures shall be followed:*

1. The pupil shall be isolated until arrival of the parent.
2. Blankets, pillows, cot covers, or mattresses which have been contaminated shall be removed from use. The principal shall see that such contaminated material is bundled in blanket or sheet, clean side out, as instructed by the school physician or school nurse, and labeled with the name of the school. The Maintenance Section—Station 353 of the Business Division Exchange, shall be notified immediately to collect it for sterilization.
3. The desk of the pupil shall be immediately emptied of its contents and all books, papers, pencils, etc., shall be wrapped in paper and sent to the Business Division for disposition.
4. Cots shall be washed off with the antiseptic solution issued to all custodians and placed outside to dry for at least five hours before being used again. Direct sunlight when available is preferable.
5. The pupil's personal effects, clothing, etc., shall be wrapped securely in paper and sent home for boiling or sunning.
6. The pupil's desk and the four other desks or tables immediately surrounding the contaminated desk, as well as the floor in this area, shall be thoroughly washed with the antiseptic solution. The room shall then be thoroughly aired.

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7. The pupil's locker shall be washed inside and out with the antiseptic solution.
8. The principal of the school shall be notified by the Health Service Section of all cases developing among other pupils enrolled at that school or of cases occurring in the homes of pupils from that school. The same sanitation procedure shall be followed with regard to the classroom and the belongings of the affected pupil.
9. Pupils who have been absent on account of major communicable disease or those residing in homes in which there is a major communicable disease shall be excluded from school until readmitted by a special card issued by a health officer of the City or County Health Department.
10. In elementary schools a daily inspection shall be made by the school nurse of all pupils and all those who are suspected of being ill shall be excluded immediately by the principal.
11. In secondary schools an inspection shall be made of all pupils who are suspected of being ill and readmission service by a school physician or school nurse provided.
12. In case of a major communicable disease, all pupils of the school involved who have been absent for one day or more shall be closely inspected upon their return to school.
13. When absentees are suspected of being ill, such absence shall be investigated.
14. Every school shall set aside one or more cots for the use of acutely ill children. These cots shall be covered with blankets. All blankets on these cots shall be covered with clean sheets or large paper towels, which shall be folded over the tops of the blankets for about eighteen inches. All pillows shall be covered with clean pillow cases or large paper towels. Both sheets and pillow cases shall be removed for laundering, or if made of paper, shall be burned immediately following their use by a sick pupil.

#### **64.2 Reporting Outbreaks of Illness or Epidemic Conditions**

An unusual number of communicable diseases or illnesses in any school shall be reported to the Health Service Section, 810 Chamber of Commerce Building—so that control measures may be established and school nurses assigned for daily inspection of classrooms where this is indicated.

#### **64.3 Diseases Reportable to Health Section—Station 63**

Any cases of the following shall be reported immediately by telephone to the Health Service Section: food-poisoning, smallpox, encephalitis (epidemic), poliomyelitis (acute anterior), meningitis (epidemic). Dog bites should be reported immediately to the local health department.

CHAPTER IV  
COMMUNICABLE DISEASE CONTROL  
(Sections 64.1 - 64.10)

64.4 Diseases Reportable to City or County Health Departments

Amebiasis (Amoebic Dysentery)  
Anthrax  
Botulism  
Chaneroid  
Chickenpox (Varicella)  
Cholera, Asiatic  
Coccidioidal granuloma  
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)  
Dengue  
Diphtheria  
Dysentery, bacillary  
Measles (Rubeola)  
Meningitis, meningococcic  
Mumps (Parotitis)  
Paratyphoid fever, A and B  
Plague  
Pneumonia, infectious  
Poliomyelitis, acute anterior  
Psittacosis  
Rabies, human and animal  
Relapsing fever  
Rheumatic fever  
Rocky Mountain spotted fever  
Scarlet fever  
Encephalitis, infectious  
Epidemic diarrhea of the newborn  
Epilepsy  
Food poisoning  
German measles (Rubella)  
Glanders  
Gonococcus infection  
Granuloma inguinale  
Influenza, epidemic  
Jaundice, infectious  
Leprosy  
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)  
Malaria

Septic sore throat, epidemic  
Smallpox (Variola)  
Syphilis  
Tetanus  
Trachoma  
Trichinosis  
Tuberculosis  
Tularemia  
Typhoid fever  
Typhus fever  
Undulant fever (Brucellosis)  
Whooping cough (Pertussis)  
Yellow fever

#### **64.5 Quarantinable Diseases**

Cholera  
Diphtheria  
Encephalitis (Epidemic)  
Leprosy  
Meningitis (Epidemic)  
Plague  
Poliomyelitis (Acute Anterior)  
Scarlet fever  
Smallpox  
Typhoid and paratyphoid fever  
Typhus fever  
Yellow-fever

#### **64.6 Non-Reportable Diseases Which Are Excludable From School**

Conjunctivitis  
Impetigo  
Pediculosis  
Pink-eye  
Ringworm  
Scabies

#### **64.7 Exclusion of Instructors and Pupils Affected With Any Communicable Disease**

(Health and Safety Code 2564)

No instructor, teacher, pupil, or child affected with any contagious, infectious, or communicable disease, that is quarantined, or that is subject to being quarantined or reported, or who resides in any house, building, structure, tent, or other place where the disease exists, or has recently existed, shall be permitted by any superintendent, principal, or teacher of any college, seminary, or public or private school, to attend the college, seminary, or school, except by the written permission of the health officer.



**CHAPTER IV**  
**COMMUNICABLE DISEASE CONTROL**  
(Sections 64.1 - 64.10)

**64.8 Immunization and Vaccination**

(Administrative Guide 13.263)

Physicians of the City and County Departments of Health may administer vaccine and toxoid to pupils on school premises for immunization against smallpox and diphtheria on dates approved by the Health Service Section. The school will be notified of the date set for giving immunizations by the school nurse who shall assist the physician in administering treatment at that time. Diphtheria immunization is only given to children 10 years of age or under.

The consent of the parent or guardian of the pupil shall be on file at the school before any specific treatment is administered.

Consent slips are provided by the City and County Departments of Health, one for administering vaccine and another for toxoid treatments. They shall be completely filled out at the school showing the name and age of pupil, address, name of school and room number, before being sent to the pupil's home for the signature of the parent or guardian.

Parents or guardians wishing to have pre-school children immunized against smallpox or diphtheria shall accompany the child to the school where they will sign the consent slip.

Pupils shall be excused from their classes for immunization treatment.

The school nurse shall be responsible for the maintenance of a complete record of all immunizations on the "Health Record" card, Form 34-EH-6. (See Form 33.142.)

The control of smallpox shall be under the direction of the State Board of Health, and no rule or regulation on the subject of vaccination shall be adopted by school or local health authorities. (School Code 3.60)

**64.9 Venereal Disease Cases**

The City Health Department requests that all school children suspected of venereal disease be referred to Yale Street Health Center for examination. If the examinations are positive, Yale Street Health Center will then refer the cases to the Venereal Disease Control Office, Room 702, 116 West Temple Street, for treatment. The City Health Department refuses cases where this procedure is not followed.

Any students referred to the Venereal Disease Clinic must be accompanied by parent or guardian.

## 64.10 Tuberculosis Case Finding Surveys

Tuberculosis case finding surveys are conducted periodically in the junior and senior high schools. This program is carried out with the assistance of the Los Angeles Tuberculosis and Health Association, the Parent-Teacher Association, and the Los Angeles City Health Department.

The school physicians should assist as much as possible with the educational build-up for the survey among parents, teachers, and students.

Reports of the skin test and X-ray findings are transmitted to the school physicians who are responsible for having the information recorded on the health cards.

Students reported with arrested primary tuberculosis should be X-rayed at regular intervals if they are known or suspected of being contacts, or if any symptoms develop such as fatigue, loss of weight, chronic indigestion, or loss of appetite, cough with or without expectoration, pain in chest, or frequent, or protracted colds.

"X-ray to be re-checked within —— months" indicates that the chest specialist has observed some shadows which may or may not have any meaning. Such shadows may be due to heavy muscles, hair, blood vessels, or bronchial tubes slightly more pronounced than usual, old pleurisy, the way the X-ray film was taken, or other causes. Most of these shadows turn out to be meaningless but a few turn out to be the first signs of active tuberculosis. Sometimes it is necessary to continue taking X-rays for a year or two and to make thorough clinical examinations in order to determine whether the student is developing tuberculosis. More detailed information on these cases is available by calling Station 70.

"No tuberculosis on X-ray, but minor shadows probably due to other causes" indicates that the chest specialist has observed some shadows or minor scars (of the type suggested in the preceding paragraph) which seem to have no present significance as regards tuberculosis. Should these (or any other) students develop symptoms of tuberculosis, further X-ray examination is recommended.

During the period of observation, our physicians and nurses give advice regarding rest, abstinence from athletic activity, nutrition, and avoiding further contact with active cases. This advice, if followed by the student, will assist him in building up his resistance and in fighting off the tuberculosis which may be threatening him.

As soon as a case of active tuberculosis is definitely discovered, the school physician will immediately be notified and the child will be excluded from school.

**WARNING:** Early diagnosis and adequate treatment means early recovery, but the majority of far advanced tuberculosis cases still die of tuberculosis.

*X-ray reports.* Copies of X-ray reports sent to the school physicians are for the information of the school physician only.

CHAPTER V  
SCHOOL SANITATION  
(Sections 65.1 - 65.13)

### 65.1 Sanitary Inspections

Schools must be checked with regard to sanitation at least once a semester. Insanitary conditions observed must be reported both to the principal of the school and to the Health Service Section.

### 65.2 Ventilation, Heating, and Lighting

(Administrative Guide 13.251)

A. *Ventilation of rooms.* Teachers shall give vigilant attention to the ventilation and temperature of their school rooms.

B. *Instructions for classroom heating and ventilating.* One of the printed cards entitled "Instructions for Classroom Heating and Ventilation," Form 34EH-7, shall be posted in each classroom and as often as may be necessary the attention of teachers shall be called to these instructions and to the importance of their observation.

C. *Temperature.* The health of pupils is vitally affected by the degree of attention given to proper ventilation and lighting of classrooms. Temperatures several degrees above or below normal (68 to 70 degrees) do not represent proper environments for pupils; particularly is this true when pupils remain for long periods in rooms heated from 75 to 80 degrees.

Essentials of good ventilation and heating are:

- (1) Keeping temperatures between 68 to 70 degrees during the heating season and as low as possible during the warm weather.
- (2) Having some opening on opposite sides of all rooms at all times (except in extremely cold or windy weather), so regulated that there is a perceptible movement of air in all parts of the room without cold drafts anywhere. Teachers should give full attention to this problem.

Principals should request teachers to place on the wall, adjacent to the thermometer, a register providing for at least five checks per day and assign one or more pupils to make the checks and place the readings in the spaces provided. Any variations from the normal temperature (68 to 70 degrees) should be called to the teacher's attention immediately. During periods of high temperatures, particular care should be taken in those schools which are in bungalows to observe heating and ventilation.

Teachers should make temperature reading a topic for class consideration, and a form should be made by pupils to use in connection with the checking. Pupils from upper grades should be assigned to read the thermometers in the lower primary grades.

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D. *Ventilation during showing of motion pictures.* Special care shall be given to ventilation during the showing of motion pictures. It is advisable, as a matter of safety, to limit attendance to the seating capacity of the room.

E. *Lighting.* All classrooms should have adequate light and be free from glare. Natural light should be controlled by regulating the blinds or shades so that the distribution of light will be uniform at the work places of all pupils. If natural lighting is inadequate, artificial lighting shall conform to the following standards: The recommended foot-candles for all classrooms is a minimum of fifteen; for special classrooms such as drafting rooms, libraries and rooms where fine detail work is to be done, a minimum of twenty foot-candles is recommended. All complaints in regard to lighting should be referred to the Health Service Section for a check with the foot-candle meter.

### **65.3 Cafeterias and Kitchens**

(Administrative Guide 13.573)

*Health Examination of Cafeteria Employees.* New cafeteria employees shall be subject to examination by a physician of the Health Service Section, 810 Chamber of Commerce Building—Station 60. All cafeteria employees, adult and student, shall be examined each school year by the school physician. They must be free from contagious diseases. Cafeteria employees should be clean, wear clean uniforms, and women and girls should wear caps or hairnets. Cafeterias and kitchens should be screened against flies, and protected against rats, mice, and roaches. Garbage disposal should be adequate. Ventilation should be especially good. Proper refrigeration must be provided.

### **65.4 Regulations Governing the Serving of Food on School Premises**

(Cafeteria Section Bulletin, November 5, 1941)

Food cooked or prepared at home may not be served on school premises to either students or the public. This restriction does not apply to food served by the P. T. A. or adult school groups within their own organizations.

All persons engaged in the preparation or serving of food in the schools must be examined by the school physician or a physician in the Health Service Section, 810 Chamber of Commerce Building. There is no charge for this service.

These regulations apply not only to food served in school cafeterias but to all food served on the school premises in connection with carnivals and other school sponsored activities.



**CHAPTER V**  
**SCHOOL SANITATION**  
(Sections 65.1 - 65.13)

**65.5 Synopses of State Laws Governing Sanitation of Cafeterias**  
(Administrative Guide 13.581)

- a. *Milk Bottles.* All empty containers delivered to the consumer by retailer or distributor shall be thoroughly cleaned before returning the same to retailer or distributor. All milk or cream bottles shall be rinsed immediately after being emptied.
- b. *Serving Utensils.* In every place where food is prepared, sold or offered for sale, all knives, forks, spoons, cups, saucers, plates, glasses or any and all table or fountain utensils, shall be properly and thoroughly cleaned and sterilized by first removing all particles of food or foreign substances therefrom, and then washing in clean hot water, to which has been added soap or other cleaning agent, then thoroughly rinsing in hot water which is near the boiling point.
- c. *Covering of Food.* All articles of food or ingredients shall be thoroughly covered and be protected against contamination by dirt, dust, or flies.
- d. *Dust.* All portions of buildings or premises, including yards, alleys, areaways, toilets, dressing rooms, utensils, tables, and other equipment, shall be kept clean, sanitary and free from dust.
- e. *Newspapers.* Covering tables, linen cupboards, counter shelves, tray boxes, or containers with newspapers is forbidden. Newspapers which have been previously used for other purposes shall not be used to wrap or pack materials.
- f. *Linens.* No napkin, table cloth or other dining room linen shall be used for the purpose of cleaning or drying dishes, tables, or cooking utensils.
- g. *Ice boxes and refrigerators.* Ice boxes or refrigerators shall be scrubbed with hot water and some cleansing agent at least once each week, and shall be kept in good order and repair, clean and sanitary at all times, and shall be properly drained.
- h. *Wearing apparel.* No wearing apparel shall be left in the same room in which food is prepared.
- i. *Partly consumed foods.* Partly consumed foods shall not be subject to resale.
- j. *Garbage containers.* Garbage containers shall be of metal, water tight, and shall be covered. Such covers shall not be removed unless necessary. Containers shall be cleaned thoroughly after garbage is removed.

- k. *Common towels and cups.* Common towel and cup use is prohibited. Any towel or cup intended for the use of more than one person is not allowed.
- l. *Finger nails.* Finger nails shall be short and clean at all times. The nail brush shall be used at least once a day.
- m. *Washing of hands.* Hands and arms shall be washed thoroughly after using the toilet.
- n. *Hair.* Hair shall not be worn so that it hangs over the face or so long that it is apt to come into contact with any article when bending over. A cap or hairnet shall always be worn.
- o. *Handling unwrapped food.* Unwrapped food shall not be handled with the hands.
- p. *Mopping of dining room.* The dining room shall be mopped by the custodian at least once a week.

## **65.6 Garbage and Rubbish—Disposal and Care**

Garbage is collected by the city or county. It should be stored in fly-proof containers. Rubbish should not accumulate, but should be hauled away or burned.

## **65.7 Sanitation of Locker Rooms and Showers**

The floors should be kept scrupulously clean. They should be hosed and washed daily and scrubbed twice a week. A final wash with the disinfectant supplied by the Business Division should be used.

Rubber foot tubs with a 15% sodium thiosulphate solution should be provided for prophylaxis against "athletes foot". These are now available as standard equipment to be ordered on regular equipment requisitions through the Business Division.

Dressing rooms and locker space should be adequate to avoid overcrowding and spread of contagion.

Washbowls should be provided in the proportion of one for every fifteen children. They should be adapted to the height of the children who are expected to use them. Both hot and cold water should always be provided. In some sections of the city the school may be the only place where hot water is available for washing.

## **65.8 Toilets**

They should be conveniently located, screened, well ventilated, and clean. They should have the hygienic, so-called split seat. Forty or less boys per toilet seat and twenty-four or less girls per seat are minimum standards. Hand washing bowls, liquid soap, and paper towels should be supplied adequately.

CHAPTER V  
SCHOOL SANITATION  
(Sections 65.1 - 65.13)

**65.9 Water Supply**

Drinking fountains should be placed where most needed and where easily accessible. One fountain to 50 pupils is the minimum standard. They should be of the modern, slanting type with self-closing valve and mouth guard. It is of utmost importance that adequate pressure be maintained at all drinking fountains.

Report all insanitary conditions in the schools to Richmond 6511, Station 63, as soon as found.

**65.10 Sewerage**

Any leaking or clogging should be reported at once.

**65.11 Playgrounds**

Asphalt (black top) has been proved to be the best surface for playgrounds. When this is not available decomposed granite is used. For this type of surfacing watering is used to lay the dust. Thorough sprinkling in the late afternoon permits the moisture to sink in below the surface and is most efficacious.

Grounds should be kept clean, free from litter and dust.

**65.12 Paper and Coat Hanger Drives and House-to-House Soliciting by Pupils**

(Administrative Guide 13.512)

Schools may conduct paper and coat hanger drives, provided that written permission therefor is obtained previously from the Special Assignments and Cafeteria Service Section on Form 34-EH-8, "Authorization for Student Body Expenditures"; and provided, further, that papers and coat hangers brought onto the school grounds are removed at the end of the drive. Such permission shall be secured for each drive regardless of whether sponsored by the P.T. A. or the student body. Only two paper drives and two coat hanger drives may be held each year, and no drive may continue for more than three days.

Pupils shall not be permitted to go from house to house to collect papers, coat hangers, or other materials, to sell tickets, or to distribute materials of any kind.

**65.13 Rummage Sales and Rag Drives**

(Administrative Guide 13.513)

Rummage sales and rag drives shall not be held in the schools because of the danger of contagion involved.





CHAPTER VI

REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
PRIVILEGES OF SCHOOL PHYSICIANS

(Sections 66.1 - 66.22)

**66.1 Filing Illness Claim**

Physicians are personally responsible for filing their illness claims. They should be signed and sent to the principal clerk of the Health Service Section and should be in the office by the last day of the school month.

**66.2 Health Examination on Return to Duty After Illness**

(Special Bulletin No. 125, March 25, 1943)

For the purpose of safeguarding the welfare of our children and certificated personnel, the Board has authorized, effective April 1, 1943 that a health examination be required for readmission to service after absence of certificated employees under the following conditions:

1. Any certificated employee absent from service because of illness or injury for not to exceed five consecutive working days shall be readmitted to service without a health examination at the discretion of the division, section head, or principal.
2. Any certificated employee absent from duty because of illness or injury for a period of time in excess of five consecutive working days and not to exceed ten working days shall either report for examination to the Health Service Section or submit to the division, section head, or principal, on return to duty, Form No. 33.14 completely filled in by a physician licensed to practice medicine in the State of California. Upon receipt of this form the division, section head, or principal shall readmit the employee and immediately forward said form (33.14) bearing his approval and signature to Room 810 Chamber of Commerce Building, Health Service Section. Such form shall indicate:
  - a. That the absence was due to illness or injury.
  - b. A statement describing the nature of the illness or injury which caused the absence, and
  - c. That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might constitute a health menace or hazard to other personnel or to the students enrolled in our schools in the judgment of the examining physician.

No further action to approve a readmission to service is necessary unless the employee is further notified by the Health Service Section.

3. Any certificated employee absent from duty because of illness or injury for a period of time in excess of ten working days shall either report for examination to the Health Service Section or submit in person a report to the Health Service Section from a physician licensed to practice medicine in the State of California upon a form, No. 33.14, prescribed by the Board of Education which shall indicate:

- a. That the absence was due to illness or injury,
- b. A statement describing the nature of the illness or injury which caused the absence, and
- c. That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might constitute a health menace or hazard to other personnel or to the students enrolled in our schools in the judgment of the examining physician.

4. Any certificated employee absent from service for any reason other than sabbatical leave for five consecutive payroll months or more shall also be subject to health examination by a licensed physician as prescribed under paragraph three above; or at their own discretion may report for the required health examination at the Health Service Section.

5. Any certificated employee returning to service from absence under conditions covered by paragraphs three and four above shall file in person the required health report with the Health Service Section which shall be responsible for admitting him to service or requiring further health examination as in their judgment the condition may warrant.

Administrators of certificated employees shall readmit to service only those employees who have been provided with a health clearance card by the Health Service Section.

6. Any certificated employee shall be required to report for health examination to the Health Service Section when in the judgment of the assistant superintendent, the division, or section head the apparent health condition of the employee warrants it.

7. Notice by telephone to the division, section heads, or principals that a health clearance card has been issued by the Health Service Section will permit the readmission of the employee pending receipt of the clearance card.

Health forms 60.25 and 33.14 should be available in the division, section, or principal's office at all times.

## CHAPTER VI

REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
PRIVILEGES OF SCHOOL PHYSICIANS**66.3 Salary Allowance to Certificated Employees, Other than  
Substitutes, Absent Because of Personal Illness or Injury**  
(Administrative Guide 16.221)

A certificated employee, other than a substitute employee, who is compelled to be absent from duty because of personal illness or injuries, shall receive full salary less that amount actually paid to a substitute employed in his position, but not less than forty-three per cent of the regular salary for the period of absence in any month not to exceed a cumulative period of one hundred days in any one school year.

Compensation herein provided to be paid during absence because of illness or injury for a period of five consecutive days or less shall be paid only when the head of the division or section, or the principal of the school, to which the person is assigned shall certify on the time sheet that such absence was on account of illness or injury. If the employee is absent on account of illness or injury for more than five consecutive days, the time-sheet shall be accompanied by a certificate of a regular licensed physician certifying such absence to have been on account of illness or injury.

Such certificated employee absent from duty on account of industrial accidents qualifying under provisions of workmen's compensation insurance, shall be allowed sick leave on the above basis, but not to exceed the difference between the employee's regular salary and the amount received as compensation from the State Compensation Insurance Fund, for the period of absence from such cause in any month. If compensation payments are made subsequent to illness payments, any excess over the total amount permitted above shall be collected and remitted to the Controlling Division. Final allowance for permanent industrial disability settlements shall not be subject to deductions under this Section, but illness leave shall cease with the consummation of any final settlement.

**66.4 Salary Allowances to Certificated Employees, Other than  
Substitutes, for Absences Other than Because of Personal  
Illness or Injury**

(Administrative Guide 16.222)

Each certificated employee, other than a substitute employee (except as provided in Subdivisions "2" and "5"), absent from duty because of any reason specified herein below, shall receive a corresponding allowance, therefor, as follows:



1. Forty-three per cent of his regular salary for not exceeding two weeks when absent because of quarantine by City or County health officers for another's illness; provided, that no employee shall receive such quarantine allowance for more than one period in any school year; and provided further, that health office exclusion and readmission cards are filed with the Personnel Division before such employee returns to work.
2. Full salary during any period that his school or other place of employment is closed because of epidemic, or because of other conditions involving the health or safety of pupils or employees; provided, that such employee is ready, able, and willing to perform his customary or other reasonable and suitable duties.
3. Full salary, except in the case of a litigant, for time necessarily absent because of his appearance before a grand jury, or, in a criminal case, before a court within the State or, in a civil case, before a court within the county in which such employee resides or outside of said county if within *one hundred* miles of his place of residence, in response to a subpoena duly served; provided, that each date of necessary attendance in court or before a grand jury shall be certified to by the clerk of such court or grand jury; and provided, further, that in any case in which a witness fee is payable the amount of such fee shall be deducted from the full salary otherwise allowed. If such employee is thus absent for more than three days during any period of thirty calendar days, the *Controller* shall call the matter to the attention of the Finance Committee. (For assignment of a substitute because of the subpoena absence of a regular teacher, see Section 16.124, *Administrative Guide*.)
4. Full salary for not exceeding three days within seven calendar days when absent because of acute bereavement; provided, that the recommendation for such salary is made on the relevant timesheet by the principal, section or division head, or other person responsible for the timesheet; it being understood that the term "acute bereavement" is deemed to mean the loss by death of a person closely related to the employee by blood or marriage, or, if not thus closely related, a person whose domestic relations are close. (Accordingly, a lifelong friend, roommate, friend living in the same domicile, or elum may, upon the recommendation required above, be held to be within this provision.)
5. Full salary, except in the case of an employee paid on a calendar month basis, for each holiday on which schools or offices, including that in which such employee works, which would otherwise be open, are closed and on which day the employee would otherwise be on duty; provided, that the employee performs services on the working day of his assignment immediately preceding or immediately following such holiday.



## CHAPTER VI

### REGULATIONS RELATING TO THE RESPONSIBILITIES AND PRIVILEGES OF SCHOOL PHYSICIANS

#### 66.5 Accidents to Certificated Employees

(Administrative Guide 16.236)

The Workmen's Compensation Insurance and Safety Act provides that the employer shall report promptly all injuries to employees when such injuries occur in the course of employment. This Act also makes it incumbent upon the employee to report such injuries to the employer.

In all cases of accident to certificated employees an immediate report on Form 74.7, "First Report of Injury for Board of Education Employees and for Student Body Employees," shall be made by the principal or the section head and sent by school mail to the Insurance Office (Head Office Section) of the Business Division, 1425 South San Pedro Street. All details called for by the blanks shall be carefully supplied, and the blank shall be signed by such principal or section head. In the absence of the principal, they may be signed by the school secretary, or the head custodian.

#### 66.6 All Injuries No Matter How Trivial, Shall Be Reported

(Administrative Guide 16.236)

When an employee is absent due to his injury, or when there is any change in the original report, a follow-up report on Form 68, "Supplemental Report of Injury," shall be made to the Insurance Office (Head Office Section) of the Business Division ten days after the date of injury. Supplemental reports shall be due thereafter every sixty days until the disability ends, unless special reports are requested. A final supplemental report shall be due immediately upon the employee's return to work, whether such return involves complete or partial recovery from disability.

The procedure to be observed in case of a fatal or serious injury to an employee is as follows:

1. Summon a private physician, if possible. (Injuries must be treated by a physician and surgeon who is licensed to practice medicine in the State of California if compensation for such treatment is to be allowed by the State Compensation Insurance Fund.)
2. If the employee cannot summon a private physician, call the Receiving Hospital.
3. Report injury immediately by telephoning the Insurance Office (Head Office Section) of the Business Division—Station 63 of the Business Division Exchange.
4. Submit a written report on Form 74.7 as prescribed above.

If necessary, telephone the Insurance Office (Head Office Section) of the Business Division, for additional information. If that Office cannot be reached, call the State Compensation Insurance Fund, State Building, First and Broadway, Madison 1271.

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Under no circumstances shall a change of doctors be made without first obtaining the permission of the State Compensation Insurance Fund, which permission may be procured through the Insurance Office (Head Office Section) of the Business Division.

#### **66.7 Bills for Medical Services Should Not Be Paid by the Injured Employee**

(Administrative Guide 16.236)

These bills should be sent directly to the State Compensation Insurance Fund by the physician in charge of the case. The injured employee should instruct the physician to send his bill and a "Physician's Report" of the case to the Fund. The only compensation for treatment allowed is for such treatment as is rendered by a *regular licensed practicing physician and surgeon*.

#### **66.8 Notification of Absence of Certificated Employees**

(Administrative Guide 16.201)

Certificated employees in the schools who must be absent should notify the Personnel Division, 817 Chamber of Commerce Building—Station 484, as soon after 7:30 a. m. as possible in order to expedite the work of assigning substitutes.

Whenever a certificated employee in either the schools or sections is absent, that fact shall be reported to the Personnel Division immediately. If the absence is due to illness or quarantine, this shall also be reported, even though it may be for only a portion of a day. It is necessary to assign a substitute so that a uniform procedure may be established and all employees dealt with impartially in connection with salary differential for illness. Every employee is personally responsible for this notification to the Personnel Division. If principals also wish to be notified, they should give proper instructions to their faculties.

If employees are not on duty at the time prescribed for the opening of school, principals shall immediately notify the Personnel Division by telephone. Upon receipt of such notice by the Personnel Division a substitute will be sent and the regular employee, if arriving late, shall not be permitted to render service that day unless specifically authorized by the Personnel Division to do so. This provision applies to all certificated employees in the schools and sections.

## CHAPTER VI

REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
PRIVILEGES OF SCHOOL PHYSICIANS**66.9 Return of Certificated Employee After Absence Other Than  
Certain Leaves**

(Administrative Guide 16.202)

An employee having a regular assignment who has been absent, except on a leave of absence other than temporary, shall notify the Personnel Division, 817 Chamber of Commerce Building—Station 484, of his intended return by not later than 3:00 p. m. on the school day immediately preceding such intended return; provided that if such employee has a morning session assignment he shall notify the Personnel Division of his intended return by not later than 2:00 p. m. on the school day immediately preceding such intended return. If such notice is not given, the substitute for such employee shall be entitled to teach and to receive salary for the day of return.

**66.10 Rules and Regulations Regarding Leaves of Absence**

(Personnel Division Form 31.51)

1. *Eligibility for Leave.* Any permanent or probationary certificated employee who has served a minimum of 150 full school days during the two preceding consecutive semesters is eligible to a formal leave of absence.
2. *Reasons for Which Leave of Absence May Be Granted.* Formal leaves of absence may be granted to any employee in a position requiring certification qualifications, other than substitutes with substitute status only, for any reason except outside employment.
3. *Military Service Leaves,* granted all employees upon presentation of orders to report for active service, are granted for one year, renewable annually.
4. *Period of Leave for Maternity.* In cases of expected maternity a formal leave of absence for a minimum period of six calendar months without salary is required for all employees in positions requiring certification qualifications regardless of the number of days served prior to such leave. The effective date for such a leave shall be at least three months prior to the expected date of birth of the child. An employee returning to service at the expiration of a maternity leave shall be subject to a health examination by the Health Service Section. Each day during which a leave is not taken as required by this rule shall constitute a separate violation thereof.



5. *Approval of Request and Date of Filing.* Except in cases of emergency, the Leave of Absence Request must receive the approval of the director of the section and the assistant superintendent in charge of the district before being filed in the Personnel Division. This must be done at least twenty days before the date on which the proposed leave is to become effective.
6. *Leaves of Absence for Illness.* A full time certificated employee shall be paid for the days actually engaged in his respective duties, and shall also receive full pay less the amount actually paid to a substitute employee in his position, but not less than 43% of the regular salary for the period of absence in any month when absent on account of personal illness, not to exceed a cumulative period of not less than one hundred days in any one school year.
7. *Return to Position or Extension of Leave.* Thirty days before the expiration of a formal leave of absence the employee shall file a request for reassignment or shall request an extension of leave of absence, if eligible for a further extension. Request for assignments or extension of leave shall be sent by registered mail, "return receipt demanded," to the Personnel Division. Any employee failing to report for duty at the expiration of a formal leave of absence after proper notification by the Personnel Division, and who does not resign from service, shall be dismissed from the service.
8. *Health Examination.* An employee returning from illness leave of absence for any length of time, and an employee returning from other leave of absence of five months or more must submit a report to the Health Service Section from a physician licensed to practice medicine in the State of California upon a form prescribed by the Board of Education, or report for health examination to the Health Service Section of the Los Angeles City Schools.

#### **66.11 Regulations Governing Sabbatical Leave** (Personnel Division Form 31.47)

*Service Prior to Sabbatical Leave.* No employee in a position requiring certification qualifications is eligible to a sabbatical leave until after the close of the seventh school year of service, during which time said employee shall have received salary, other than for illness and quarantine, for a minimum of 150 days of service during each of seven consecutive school years.

Any applicant requesting a sabbatical leave shall have received salary other than for illness and quarantine for a minimum of 150 days during the year (two consecutive semesters) immediately preceding the period for which sabbatical leave is requested.

All regulations governing sabbatical leave are fully stated on the blank which is to be used for application of such leave. Sabbatical leaves are only granted for travel or study and are not granted to those certificated employees who have attained the age of 62 years.

Blanks are available upon request from the Personnel Division, Room 828, Chamber of Commerce Building.



## CHAPTER VI

REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
PRIVILEGES OF SCHOOL PHYSICIANS**66.12 Service Retirement**

Although retirement is not compulsory until age sixty-five, any District Retirement System member who will be sixty years of age or over on or before July 1, 1943, and who will have at least twenty years of aggregate service in the Los Angeles City School Districts may *voluntarily* retire on a service retirement.

**66.13 Disability Retirement**

District Retirement System members who will have at least ten years of aggregate service in the Los Angeles City School Districts may apply for voluntary disability retirement at any age. However, applicants of this type of retirement are subject to a medical examination by the Retirement Medical Board, which Board must certify that the "member is mentally or physically incapacitated for the further performance of duty, that such incapacity is likely to be permanent, and that such member should be retired."

Application forms for District retirement benefits may be secured from the Retirement Section, 845 Chamber of Commerce Building. If you are eligible for State retirement also, application forms may be secured by writing the State Teachers' Retirement System at Sacramento.

Your attention is especially called to the fact that VOLUNTARY RETIREMENT need not be only on July 1 but may be on the first day of ANY CALENDAR MONTH that the applicant desires throughout the year. Formal application on the proper blanks must be on file in the Retirement Section at least thirty days before the desired date of retirement. (Special Bulletin No. 148, May 17, 1943.)

**66.14 Mileage Reimbursement**

All employees of the Board of Education whose assigned duties require the use of their automobiles may be authorized for mileage reimbursement in accordance with the following provisions:

1. Eligible employees must be authorized for reimbursement.
2. The office of the Health Service Section is the designated "office address" for all members of the Health Service Section.
3. The employee must have more than one destination in any one day or said destination must be farther than the designated office address.

4. Business mileage is defined as the number of miles driven from residence to assigned destinations and return to residence, minus the number of miles from residence to office address and return.
5. The basis for mileage refund is computed at five cents per mile for business mileage.
6. Official forms for "Refund Request" and specific regulations are available from the office of the principal clerk of the Health Service Section.

#### **66.15 Los Angeles City Teachers' Institute**

In accordance with the School Code, certificated employees assigned on a ten month school year basis shall attend the Los Angeles City Teachers' Institute and receive salary therefor in accordance with the following provisions:

1. Institute sessions shall be held during a period between the beginning of the first semester of the school year and the beginning of the Christmas vacation, as authorized by the Board of Education, such sessions to be held outside of school hours; it being understood that attendance at one or more general sessions may be required at the discretion of the Superintendent.
2. Each full time certificated employee shall attend six sessions of Institute to receive three days' pay, it being understood that attendance at each session shall be considered the equivalent of one-half day's service for salary purposes. Employees having fractional time assignments shall be paid for Institute attendance in proportion to their assignments. Attendance at less than six sessions of Institute shall be paid for on an equivalent basis.
3. Physicians, dentists, and nurses shall attend Institute on the basis of their assignments for those days designated in the school calendar each year as Teachers' Institute. Attendance at one session of Institute is required for each day's assignment of three hours or less. Attendance at two sessions of Institute is required for each day's assignment of more than three hours.
4. Substitute certificated employees who will have been assigned for a total of twenty or more days by the end of the third school month shall attend Institute and shall be paid salary for time attended.
5. Certificated employees subject to attendance at Teachers' Institute shall fill out Institute attendance cards which are verified for official payroll information by the director of the section.
6. Payment for Institute attendance shall be made on the payroll at the time designated in the school calendar for each school year and shall be shown on said payroll as for services in lieu of those days designated by the Superintendent as Teachers' Institute.

CHAPTER VI

REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
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**66.15 Los Angeles City Teachers' Institute (Cont.)**

7. Full time physicians serving six hours a day shall attend six sessions of Institute and those on part time assignments shall attend sessions proportionate to their assignment.

Obtain Institute tickets and reservations for sessions through your school. Institute Attendance Cards can be secured at the central office of the Health Service Section and must be filled out after attendance and sent in promptly to this office.

For specific instruction consult the Administrative Guide and the Annual Institute Program.

**66.16 Renewal of State Credentials and County Certificates**

(Superintendent's Special Bulletin No. 131, April 2, 1943.)

All certificated employees who hold Los Angeles County Certificates based upon California State Board Credentials which bear an expiration date should make application to renew their State Board Credentials through the State Board of Education at Sacramento not later than three months before the date of expiration of the credential. In making application for renewal, instructions on the reverse side of the credential should be followed.

Upon receiving the renewed Credential, a formal application for the renewal of the County Certificate must be made in the office of the County Superintendent of Schools, 808 North Spring Street, corner of Alpine, Los Angeles.

If any physician has difficulty in securing the renewal of his State Credential in sufficient time, he should contact the County office for assistance in order that his County Certificate may be saved from lapsing.

*No County Certificate may be renewed after it has expired* even though the State Board Credential has been extended. Any lapse will necessitate applying for a *new* County Certificate and will mean a loss of salary during the period not certificated.

It should be noted that the expiration of the State Credential and the County Certificate are not necessarily the same. It is the County Certificate which must be valid and on file in the Personnel Division before anyone may be assigned to work. It is advisable to apply for a Life Health and Development Credential upon completion of five years' service. Applications are made through the County Board of Education office.



## **66.17 Changes in Names of Certificated Employees**

(Administrative Guide 16.143.)

Any certificated employee of the Board of Education whose name is changed by marriage or other legal procedure shall immediately register a change in certificate name. Application for such change shall be made directly to the office of the County Superintendent of Schools, 808 North Spring Street, Los Angeles, California. The change of name card issued by the County Office shall be filed in the Personnel Division, 828 Chamber of Commerce Building—Station 484. New directory cards (Form 31.3) shall also be made out and filed with the Personnel Division as provided in Section 16.142 of the Administrative Guide.

Only legal name of an employee shall be used while such employee is in the service of the Board of Education.

## **66.18 Relation of the Health Section to the Private Physician**

The school physician should at all times encourage a close relationship between the family physician and the parents of our school children. Special efforts should be made to have school children with defects cared for by the private physician or dentist.

It is important, even when a specialist's services are required, that all children are referred back to the family physician or family pediatrician.

If it has been ascertained that the parents have never had a local family physician or dentist and they request a referral, they should be referred to the local medical or dental societies.

The Health Service Section, while at all times backing the City and County Health Departments in their immunization and vaccination campaigns, are strongly in favor of having as many children as possible immunized and vaccinated by the family physician, and should whenever the opportunity arises, educate the parents to contact the family doctor for this service. Under no circumstances should a parent be discouraged from having this work done by the family physician.

When children are excluded from school, it should be done on the basis of symptoms presented. Parents are urged to consult their family physician for diagnosis and treatment.

When a child is being cared for by the family physician, it is contrary to policy for a school physician or nurse to criticize in any way the procedure being followed by the family physician or even to infer that there is anything which might be done which is not being done.

When a school physician observes some condition in a child which may have developed since last seen by the family doctor, he should suggest to the parent that a return visit to the family physician is advisable or personally inform the family doctor by telephone.



CHAPTER VI  
REGULATIONS RELATING TO THE RESPONSIBILITIES AND  
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**66.19 Exemption from Jury Service**

(Superintendent's General Bulletin No. 38, April 7, 1939.)

Word has been received from Mr. H. B. Blakely, Secretary and Jury Commissioner of the Superior Court, that Board of Education employees, both certificated and noncertificated, are not required to render jury service.

When an employee receives a letter requesting him to appear for jury qualification, he should make a statement on the letter to the effect that he is a Los Angeles City Board of Education employee. This statement should be signed by the individual and the letter returned to the Jury Commissioner in the Hall of Records, which procedure will serve to release him from jury service and from the obligation of making a personal call for qualification or release. When subpoenaed as a witness, kindly have your attendance at court certified by the court clerk then bring or send your subpoena and witness fees (if witness fees are received) to the principal clerk, Health Service Section, 813 Chamber of Commerce Building—Station 64.

No warrant may be issued unless the signed subpoena is on file in the comptroller's office.

**66.20 Telephone Calls**

(Administrative Guide 12.216.)

The school telephones constitute a separate system and are for the use of the Board of Education and the employees thereof for school business only. Calls from outside shall not be connected with the schools, except in cases of extreme emergency, such as serious accident, sickness, etc. In such cases the switch-board operator may receive and deliver the message or connect the party directly with the school.

*Personal Telephone Calls.* As the telephone service of the Board of Education is on a metered basis, which requires payment of a fixed charge for each call made through central or to the outside, personal calls shall be made over a pay station, whenever one is located conveniently near the school.

**66.21 Political Activities of Employees**

(Administrative Guide 12.377.)

No political activities shall be engaged in on school premises or property owned or controlled by the Board of Education or during working hours by employees of the Board; provided, however, that at other times and places, such employees, as American citizens, have the right to advocate or support such measures and candidates as they may choose.

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## 66.22 Instructions for Ordering Supplies

(For list of first aid supplies see Section 62.21.)

1. All requests for supplies should be made out on "Office Supply Request," Form 34-A-6, and sent to Health Service Section. Do not request supplies on "Time Report Card" as the time clerk has to transfer such orders to the supply request blank.
2. Order by item number shown on right hand side of the list, i.e., 100, Form 33.5 *or* by name listed, i.e., 100 "Physician's Daily Record." Each item requested should be written on a separate line.
3. Health cards, tongue blades, pink exemption cards, and first aid supplies and all equipment for the physician's examining rooms are ordered by the school from the Business Division.
4. In "requested by" space, sign the name of the person requesting the items. In "section" space, use the name "Physicians Unit."
5. Excessive quantities of any one item should not be carried in stock at schools as these items may be requested whenever needed.
6. Do not telephone for supplies except in emergency. All such orders should be promptly followed by sending in the regular "Office Supply Request" blank for the item and plainly marked "telephoned request" and the date.
7. Supplies will be sent to the school indicated, either by school mail truck or school delivery truck. The school mail truck will take small packages only.
8. For prompt and accurate filling of orders, it will be necessary to comply with the above instructions.
9. Members of this department will please call for school supplies that they require or use school mail as there is a ruling that school supplies shall not be sent by Government mail.

**CHAPTER VII**  
**PROCEDURES PERTAINING TO PUPIL HEALTH**  
**AND PROTECTION**  
 (Sections 67.1 - 67.22)

## 67.1 Accidents to Pupils at Schools

(Administrative Guide 13.341.)

### a. *General Provisions.*

- (1) Every school shall be provided with a first aid kit, cupboard, cabinet, or case containing first aid supplies and a copy of the Manual of First Aid Instruction issued by the United States Department of the Interior. The first aid kit (cupboard, cabinet, or case) shall be located in an accessible and convenient place.
- (2) A small amount of first aid supplies and a Manual shall be kept on hand in shops, chemistry laboratories, cooking rooms, or other rooms where accidents are likely to occur in order to be able to take care of emergency cases.
- (3) Act 7429c of the General Laws makes it mandatory for a teacher to carry a first aid kit when conducting pupils on a field trip. The contents of this kit shall include the following:

A standard package to contain two pieces of sterile gauze, one ribbon bandage, one triangular cambrie picture bandage in antiseptic container, six of these packages to make up one first aid kit which shall contain written instructions for the use of such contents. Whenever a field trip is conducted into an area or district which is commonly known to be infested by poisonous snakes, such package or first aid kit must include some form of anti-venom medicine intended to counteract the effects of poisonous snake bites. Such a package, with the exception of the anti-venom medicine, can be made up from the standard first aid supplies at school. Anti-venom medicine will be loaned to schools by the Health Service Section, 813 Chamber of Commerce Building—Station 64, upon application which should be made at least three days in advance of the trip. If desired, the complete kit (with or without the anti-venom medicine) may be borrowed.

- b. *Minor accidents.* In case of a minor accident to a pupil the procedure to be observed is as follows:
  - (1) If the physician or nurse is in the school send the pupil to him or her.
  - (2) If neither is available, give first aid and make a record for the nurse of the pupil's name, grade, and address.
  - (3) Report the accident as prescribed in paragraph "c".
- c. *Major accidents.* The prescribed procedure in the case of a major accident to a pupil is as follows:

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- (1) If the physician or nurse is in the school refer the case to him or her. If neither is available, give first aid.
- (2) The principal should see that the parent is notified so that the latter may determine what is to be done.
- (3) If the parents cannot be reached telephone the Receiving Hospital. (In County territory call the district headquarters of the Outside Medical Relief Department of County Charities.)
- (4) If the parent cannot be reached and the emergency hospital assumes charge of the case, notify the parent of this fact at the earliest opportunity.
- (5) The principal or his designated representative shall accompany the pupil to the hospital and remain with him until the family assumes charge.
- (6) Sterile gauze is the only dressing to be used on wounds and extensive second or third degree burns of pupils sent to the Receiving Hospital, as antiseptics or ointments obscure the wound and make proper cleansing difficult. (In the case of minor or first degree burns which need not be sent to the Receiving Hospital, the usual burn ointments may be used.)
- (7) In case of fatality to a pupil report at once by telephone to the Special Assignments Section, 727 Chamber of Commerce Building—Station 97. In every serious accident case, after the injured pupil has been cared for, the Special Assignments Section shall be notified by telephone.
- (8) Report the accident as prescribed in Paragraph "e".

d. *Puncture wounds* The following procedure, in addition to that set forth in Paragraph "b" or Paragraph "c", as the case may be, is to be followed in the case of a puncture wound:

*Puncture wounds from rusty nails, sharp instruments, etc.* Sterile gauze is the only dressing to be used on such wounds.

In the case of deep puncture wounds from rusty nails, sharp instruments, etc., parents should be advised that the child should be taken to the family physician or to the County Hospital for treatment and to determine the need for tetanus antitoxin injection. Report as in Paragraph "e".

*Bites of Stray Animals—Especially Dogs and Cats.* The wound should be washed with tincture of green soap and running water. Dry and apply sterile gauze dressing. Any child bitten by a dog or cat should be referred to the family physician or the parent should take him to the Receiving Hospital for cauterization of wound.

In the case of a dog bite notify the proper city or county health department (the one within whose jurisdiction the accident occurred) giving name and address of the pupil, and if possible, a description of the dog and the name and address of the owner.

Report as in Paragraph "e".



**CHAPTER VII**  
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(Sections 67.1 - 67.22)

**67.1 Accidents to Pupils at Schools (Cont.)**

- e. *Written reports of accidents.* In case of accidents to pupils an immediate report on Form 37.1, "Pupil Accident Report", shall be made by the teacher in charge. Completed accident reports shall be sent within twenty-four hours after the accident to the Special Assignments Section. *All accidents, whether minor or major, shall be reported.* This includes accidents occurring before and after school on school grounds and on the way to and from school. A follow-up report on Form 37.2, "Pupil Accident Follow-up Blank," shall be made ten days after the accident.
- f. *Sending sick or injured pupils home.* See Section 67.2.
- g. *For emergency hospital service* see "Emergency Hospitals" card, Form 37.14, issued by the Special Assignments Section.

**67.2 Sending Sick or Injured Pupils Home**

(Administrative Guide 13.343.)

A pupil who in the judgment of the principal is physically or mentally unfit, because of illness or injury, to be in school shall be taken home, if practicable, by a Board employee so assigned or authorized by the principal, unless some other arrangements are made or other instructions given by the parents or guardians of such pupil; provided, however, that the procedure set forth in Paragraph "c" of Section 67.1 shall apply in the case of a major accident to a pupil.

**67.3 Exclusion of Pupils from School Because of Illness**

(Administrative Guide 13.266.)

Pupils whose health, mental or physical condition is impaired shall be excluded from school under the following conditions:

- a. *Physical disability.* Pupils whose physical condition is such as to cause their attendance at school to be detrimental to the welfare of other pupils shall be excluded from school permanently or temporarily upon the recommendation of the Health Service Section, provided that the original and duplicate copies of Form 34-EH-21, "Recommendation for Exemption from School Attendance," are filed with the Attendance and Employment of Minors Section, 884 Chamber of Commerce Building—Station 160.

- b. *Mental disability.* Pupils whose mental condition is such as to cause their attendance at school to be detrimental to the welfare of other pupils may be excluded from school upon the recommendation of the Education for Exceptional Children Section, provided that the original and duplicate copies of Form 34-EH-21, "Recommendation for Exemption from School Attendance," are filed with the Attendance and Employment of Minors Section. Recommendation for the exclusion of a pupil from school will be based upon an individual psychological examination given by the Educational Research and Guidance Section, 862 Chamber of Commerce Building—Station 135.
- c. *Communicable diseases.* Any pupil suspected of having a contagious, infectious, or quarantinable disease shall be sent home immediately by the principal and the name and address of any pupil suspected of having a major communicable or contagious disease shall be reported to the local health department. (See Sections 64.2, 64.3, 64.4.) A pupil with a skin or scalp infection shall be excluded from school until the day the school physician or nurse makes his or her next visit to the school. The pupil shall be asked to return to school on that day and to report to the physician or nurse for physical examination or inspection; provided, however, that if the pupil is under the care of a family physician he shall remain out of school until readmitted by his own physician.

Whenever there is good reason to believe that a pupil exempted from physical examination is suffering from a recognized communicable or infectious disease, such pupil shall be sent home and not permitted to return until the school authorities are satisfied that such disease does not exist.

- d. *Exclusion on Other Grounds.*

(School Code 1.11.)

The governing body of any school district shall have power to exclude children of filthy or vicious habits.

**CHAPTER VII**  
**PROCEDURES PERTAINING TO PUPIL HEALTH**  
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**67.4 Readmission of Pupils After Illness Absence**

The readmission of pupils who have been absent from school on account of illness shall be governed by the following provisions:

1. Pupils who have been absent from school with a quarantinable disease shall be readmitted to school after they have secured a readmission card from the local city health department, or if they reside in county territory, their local county health department.
2. Pupils who have been absent from school for five days or more, (Saturdays, Sundays, and holidays included) on account of illness other than a quarantinable disease shall have a readmission card issued by one of the following:
  - (a) Physician or nurse of the Health Service Section.
  - (b) City Health Department if attending schools within any city limits.
  - (c) County Health Department if attending schools outside of city limits.
  - (d) Any physician licensed to practice in the State of California.
3. Pupils who have been absent from school for a period of less than five days on account of a minor illness may be readmitted by the principals except during epidemic periods.
4. Pupils who have been absent from school for other known reasons than illness may be readmitted by the principals.

**67.5 Exemptions From Physical Education**

(Administrative Guide 14.66.)

“The following pupils are not required to attend courses in physical education:

1. Pupils having physical disability, including temporary disability, such as illness or injury, where it is impossible to adapt the program to meet the pupil's individual needs.
2. Pupils enrolled for one-half or less of the work normally required of full-time pupils.
3. Elementary or high school pupils who have reached their twenty-first birthday and City College pupils who have reached their twenty-fifth birthday, if it is the judgment of the principal or Director (of the City College), respectively, that little or no benefit would derive from such courses.
4. Postgraduate pupils.”

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A written statement from the family physician requesting that a pupil be exempted from regular physical education activity for health reasons shall be honored and the child assigned to corrective physical education for rest or corrective exercises according to the judgment of the school physician.

If a pupil is excluded by the school physician from regular physical education activities, on account of heart disease, hernia, undescended testicles, good vision in only one eye, or some other conditions which the school physician knows to be a distinct hazard to the health and welfare of the pupil, and the parent or family physician requests, orally or in writing, that the pupil be granted approval for such activities, the request shall not be granted. If the parent protests the decision, a conference thereon should be arranged through the Health Service Section, 810 Chamber of Commerce Building—Station 63.

The School Code is very specific as to which pupils may be excused from physical education. It makes no provision for the substitution of outside work. Consequently, pupils shall not be excused from physical education because of their attendance in classes, such as swimming, gymnasium, or dancing, not held under the supervision of the Los Angeles City Board of Education.

#### **67.6 Readmission After Illness of Students With Exemption From Physical Examination Requests on File**

Form 33.139 signed by parent or guardian is used to readmit each child with an exemption from physical examination request on file. This waiver is valid only for that specific readmission and is filed on the back of the child's request for exemption from physical examination.

#### **67.7 Physical Activity Program After Illness**

(Administrative Guide 14.67.)

Pupils returning to school after a severe cold or otherwise protracted illness shall be afforded adequate health protection until the school physician approves of a return to the regular program. Such adequate health protection consists of one or both of the following program changes:

1. Curtailment of school or extra-curricular activities.
2. Substitution of restricted physical activity or rest for the active physical program.
3. Pupils returning to school following acute upper respiratory infections or influenza are excused from stripping for gymnasium for at least one week and should be assigned to rest corrective classes.



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**67.8 Health Inspections of Pupils**

(Administrative Guide 13.256.)

Health inspections of pupils may be made by principals, teachers, nurses, and physicians. Health inspections by nurses are scheduled by the Health Service Section to be made at least every other week. Arrangements for the periodical inspection of pupils by teachers shall be made by the principal. No pupil may be excused from health inspection.

Principals and teachers do not need special certification for making health inspections, but they shall, however, receive instruction in communicable disease control and in the method of performing a health inspection from the physicians and nurses of the Health Service Section. The principal of each school shall arrange for such instruction to be given at least once each semester. (See School Publication No. 367, "Guarding the Health of Pupils.")

- a. *Inspection by principal or teacher.* When conducting a health inspection of pupils, a principal or teacher shall:
  - (1) Inquire into the personal health habits of the pupils, in order that instruction may be given regarding cleanliness and the proper amount of food, sleep, rest, and recreation required.
  - (2) Inspect pupils for signs of contagious diseases and skin and scalp infections. Pupils suspected of having communicable or infectious diseases shall be reported to the principal for exclusion. (See Sections 64.2, 64.3, and 67.3.)
  - (3) Inspect pupils for signs of defects of eyes, ears, nose, throat, or teeth. Defects noted shall be reported to the nurse on her next visit.
  - (4) Measure height and weight and note condition of nutrition.

**67.9 Admission of Physically Handicapped Children**

(Administrative Guide 13.16.)

Children physically handicapped and unable to attend a regular school shall be referred to the principal of the proper school for such handicapped children.

Deaf children and children suffering from spastic paralysis may be admitted to special classes therefor at three years of age.

For any further information or assistance regarding physically handicapped pupils, call the Education for Exceptional Children Section, 856 Chamber of Commerce Building—Station 34.

Children may be recommended for admission to the elementary and high school cripple classes who are unable to carry on satisfactorily in regular school on account of some physical handicap. The majority of children enrolled in cripple classes are othopedic cases, severe cardiaes and those who suffer from various types of organic nervous diseases and congenital defects. Anyone for whom a satisfactory education can be provided in a regular school should not be referred to the cripple classes.

Care should be exercised in recommending children for home teachers as many parents will ask for this service when their children could be in school on rest corrective and a modified school program, or could be taken to the school for crippled children.

## **67.10 Admission of Exceptional Children to Special Classes**

(Administrative Guide 13.17.)

All placements of exceptional children in special classes shall be approved by the Education for Exceptional Children Section, 856 Chamber of Commerce Building—Station 34, and their instruction shall be supervised by that section.

Children of superior intelligence may be sent to opportunity classes in the elementary schools if accessible to such classes.

Children academically maladjusted may be sent to adjustment, foreign adjustment, and sunshine adjustment rooms if accessible to such classes.

Children mentally retarded as determined by an individual test given by the Educational Research and Guidance Section, 862 Chamber of Commerce Building—Station 135, shall be placed in development schools or classes.

Children socially maladjusted—behavior problem children—shall be placed by the Attendance and Employment of Minors Section, 884 Chamber of Commerce Building—Station 160.

## **67.11 Children To Be Referred to Sight-Saving Classes**

1. Children who cannot read more than 20/70 on a standard Snellen chart in the better eye, or who cannot read No. 2.00 at 20 cm.\*
2. Myopes who have more than 6 diopters of myopia at ten years of age or under.
3. Children who have 3 diopters of myopia which are progressive.
4. Hyperopes who have symptoms of asthenopia and whose vision in the better eye falls below 20/70.
5. Children who have an astigmatism of more than 3.5 diopters and whose vision cannot be brought up to more than 20/70 in the better eye.
6. Children with corneal opacities whose vision is 20/50 or less in the better eye.
7. Cases of inactive keratitis where vision is 20/50 or less in the better eye.
8. Children having congenital cataracts, secondary cataracts, congenital malformation or fundus lesions where no acute condition is present, with vision of 20/50 or less in better eye.

\*It is assumed that these conditions exist after the proper refractions have been made.

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**67.12 Children to Be Referred to Hard-of-Hearing Classes**

A pupil with 20% to 30% hearing loss is recommended for speech reading instruction, especially if his attitude in class indicates difficulty in hearing. Students with 30% loss or more are referred to the School for the Deaf.

**67.13 Home Instruction for Handicapped Pupils**

(Administrative Guide 13.102)

Home instructors are provided for pupils who are incapacitated for attending regular or special school, but who are capable of profiting by instruction. These teachers are never allowed to enter homes in quarantine or where there are infectious diseases with the exception of minimal tuberculosis on recommendation of the chest specialist in charge. Arrangements for home teachers are made through the principal.

Classes are maintained for blind, deaf, hard-of-hearing, crippled, and tuberculous children, and for those in need of special work in sight saving, lip reading, and speech correction.

**67.14 Vocational Rehabilitation for the Physically Handicapped**

(Administrative Guide 14.91)

Pupils having permanent physical handicaps are given special assistance in making their vocational adjustment after leaving high school. This special service to the physically handicapped includes:

1. Vocational guidance especially designed to help pupils who have vocational handicaps find their place in industry.
2. Financial assistance—State and Federal funds are available with which to pay for tuition, books, and supplies for the physically handicapped who pursue their education beyond high school.
3. Assistance in placement—Gainful employment for the physically handicapped is feasible but often difficult without special placement service. This is made possible through the Rehabilitation Office.

Heart trouble, tuberculosis, serious defect of hearing or vision, paralysis, deforming arthritis, curvature of the spine, and other orthopedic handicaps such as stiff arm or leg, amputation of hand, foot, arm or leg may qualify a pupil for this service. Physicians in senior high schools should be constantly on the alert for pupils who should be referred for vocational rehabilitation.



Doctors, nurses and physical education teachers should refer such pupils to the Rehabilitation Office of the Vocational and Practical Arts Section, 301 Sentous Center, Station 40. A special form for reporting these cases should be ordered from the Health Section.

### 67.15 Pupils Eligible for Transportation

(Administrative Guide 13.366)

The following classes of pupils, residing within and attending the schools of, the Los Angeles City School District or Los Angeles City High School District, and who are not ineligible because of being in classifications "1", "2", "4", "6", or "7" of Section 13.355 of the Administrative Guide which is given below, are eligible for free transportation to and from school by the Board:

1. Pupils attending schools or classes for the physically handicapped;
2. Pupils assigned to development schools or classes, special schools, or welfare centers, who, in the opinion of the principal, need transportation;
3. Regular pupils whose condition of health, as certified by a school physician, makes transportation advisable; and
4. Regular elementary and high school pupils who live beyond the transportation limits as established by the maps referred to in Section 13.352, Administrative Guide.

The school physician in certifying a pupil for free transportation under Section 3 must use Form 33.16 and state specifically the health condition which makes transportation necessary. For example, underweight is not an adequate reason, a condition of malnutrition or some other defect must be present which would be aggravated if the pupil was compelled to walk to school.

#### *Pupils Ineligible for Transportation* (Administrative Guide 13.355)

The following classes of pupils shall be ineligible, except as otherwise provided in classification "3" above and in Section 13.367, Administrative Guide, for transportation to and from school by the Board:

1. Kindergarten pupils;
2. Pupils under six years of age;
3. Regular elementary and high school pupils who reside within the transportation limits as established by the maps referred to in Section 13.352, Administrative Guide;
4. Postgraduate pupils of senior high schools;
5. City College pupils;
6. Pupils over twenty-one years of age; and
7. Pupils attending adult classes.



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**67.16 Welfare Work in the Schools**

(Administrative Guide 13.651)

a. *General.* Welfare work in the schools is made possible by the Parent-Teachers' Association. The activities of this organization include the following:

1. Nutrition program through which free milk and lunches are supplied to the children recommended by the principal and school physicians or nurse.
2. Emergency child relief which supplies clothing, etc., for pupils in need and who are recommended therefor by the principal.
3. Student aid for high school pupils in the form of cash scholarships for those pupils who need extra money to enable them to attend high school. The investigations for emergency aid and student aid may be made by the attendance supervisor upon request of the principal.
4. Health centers, including Yale Street Clinic and a number of others.
5. Sewing materials supplied by the organization for mothers in Americanization classes who are taught to make clothes for their own children.

The procedure which principals follow in order to obtain the various kinds of aid for pupils in their schools, together with sample copies of requisition and report forms to be used, is outlined in a bulletin issued by the Child Welfare Bureau of the Los Angeles Tenth District California Congress of Parents and Teachers.

**67.17 "Summer Round-up"**

(Administrative Guide 13.651)

*Examination of pre-school age children.* The Parent-Teacher Association makes an effort to arrange for a physical examination of each child of pre-school age who is to enter school for the first time the following fall. This examination is known as the "summer round-up." Schools having no parent-teacher organization, but wishing to have this service, may communicate with the Parent-Teacher Office, 583 Chamber of Commerce Building—Station 699, to secure the necessary information. As school physicians are only authorized to examine school children, these examinations may not be made by school doctors during school hours.

## 67.18 Health Centers

### (Administrative Guide 13.271)

a. *Administration.* The Board of Education maintains the buildings in which school health centers are located, supplies the equipment, and pays the salaries of employees. The Parent-Teacher Association and the Community Chest pay for such equipment, supplies and expenses as are not in the province of the Board of Education. The Parent-Teacher Association handles all moneys received for registration fees, delivery of glasses, X-ray work, etc.

b. *Eligibility.* The selection of pupils who shall be eligible for treatment at a school clinic is the responsibility of the nurse or physician in the school. The social service worker at the clinic investigates further any cases where there is doubt as to the eligibility for clinic treatment and arranges in suitable cases for hospitalization or treatment in other clinics. Eligibility depends on the social service or admission rating which is determined in accordance with the family income, the size of the family, and other factors in the social history.

All school children are eligible for diagnostic services in connection with the Heart Board, Chest Board, Orthopedic, Neuropsychiatry, and Gynecology Clinics.

School physicians and nurses are expected to be familiar with the admission rating which changes from time to time with the cost of living.

The fact that a pupil sustains athletic injuries or is injured on the school grounds does not make him eligible for clinic care. The injured pupil shall be given first aid in accordance with the instructions given in Section 67.1 on "Accidents to Pupils at Schools" after which he may be referred to a school health center for further attention if he is eligible. Eligibility in these cases as in other cases depends on the financial circumstances of the parents.

c. *Fees.* Each pupil registering at a school health center is charged a 25c registration fee by the Parent-Teacher Association. Minimum charges are made for drugs, X-rays, laboratory examination, and like services. In cases of extreme necessity, the social service workers at the health centers may exempt pupils from paying registration or other fees, or pupils may be charged according to the economic status of the family. Pupils or parents should not be told, however, that there are no clinic charges.

d. *Admission.* All admissions to school health centers shall be by appointment. Such appointments shall be made only when recommended by the school physician or school nurse except as follows:

1. Appointments for the Heart Board, Endocrinology and Gynecology Clinics shall be made only on the recommendation of the school physician.
2. Appointments to the Orthopedic Clinic for postural cases in connection with the corrective physical education program may also be made by the corrective teacher.

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**67.18 Health Centers (Cont.)**

If possible, the pupil should be accompanied to the clinic by the parent or guardian. However, whether a pupil appears at the clinic alone or is accompanied by the parent or guardian, he shall present a consent slip, signed by the parent or guardian, before treatment will be administered.

At the Yale Street Center the pupil shall register between 8:00 a. m. and 10:00 a. m. An appointment card, which shall be presented on each subsequent visit, will be given to each pupil at the time of registration at that clinic.

**67.19 Legal Guardianship**

(Administrative Guide 13.271)

Minors will not receive attention in any clinic without the signature of mother, father, or legal guardian. The General Hospital requires the signature of both mother and father or legal guardian. This is also the general policy of all clinics in Los Angeles; however, exceptions are made when only one signature can be obtained. This legal guardianship must be renewed each school year.

Legal Guardianship for Medical Care—

DEPUTY PUBLIC DEFENDER

503 Hall of Justice

Mr. Graham (If minor is over 14 years, he should accompany adult to Public Defender's office).

Guardian should take the following information when requesting legal guardianship for medical care:

1. Child's birthdate.
2. Child's full name.
3. Parents' full names.
4. Whereabouts of parents.
5. List of relatives in Los Angeles County.

Any child requiring legal guardianship and being referred to Yale Street Health Center should be referred to the doctor or the nurse in charge for letter to Public Defender. This will expedite medical care needed.

## 67.20 Location of School Health Centers

(Administrative Guide 13.271)

### (1) *Dental.*

Culver City Dental Clinic  
La Ballona School  
10915 Washington Boulevard  
Culver City, California  
Euclid Avenue Dental Clinic  
Euclid Avenue School  
806 Euclid Avenue  
Los Angeles, California  
Manchester Avenue Dental Clinic  
Manchester Avenue School  
661 West 87th Street  
Los Angeles, California  
Rowan Avenue Dental Clinic  
Rowan Avenue School  
600 South Rowan Avenue  
Los Angeles, California  
Sawtelle Boulevard Dental Clinic  
Nora Sterry School  
1727 Sawtelle Boulevard  
West Los Angeles, California  
South Los Angeles Dental Clinic  
One Hundred Second Street School  
1916 East 102nd Street  
Los Angeles, California  
Wilmington Dental Clinic  
Gulf Avenue School  
1196 Gulf Avenue  
Wilmington, California

### (2) *Dental and Eye.*

Florence Avenue Health Center  
Florence Avenue School  
7304 Walnut Drive  
Los Angeles, California  
North Hollywood Health Center  
North Hollywood Senior High School  
5231 Colfax Avenue  
North Hollywood, California  
San Fernando Health Center  
San Fernando Elementary School  
Mission Boulevard and Mott Street  
San Fernando, California

### (3) *Eye.*

Van Nuys Eye Clinic  
Van Nuys School  
6464 Sylmar Street  
Van Nuys, California

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67.20 Location of School Health Centers (Cont.)

(4) *General.*

San Pedro Health Center  
Cabrillo Avenue School  
704 West Eighth Street  
San Pedro, California  
Venice Health Center  
Westminster School  
1030 Washington Boulevard  
Venice, California  
Telephone: Santa Monica 6-2203  
Medical Clinic: Thursday 9:00 a. m. to 12:00 m.  
Yale Street Health Center (Station 70)  
936 Yale Street  
Los Angeles, California

g. *Traveling units.* Schools inaccessible to fixed health centers should request periodic visits of the traveling healthmobiles or portable units by writing to the Health Service Section. Such request shall be made by May first of each school year in order that the schedules for the traveling units for the following year can be arranged.

The following traveling units are available for eye and dental treatment:

(1) *Dental.*

Traveling Healthmobile No. 1. (San Fernando Valley Schools.)

Traveling Healthmobile No. 2. (Outlying schools in Los Angeles proper)

Portable Unit No. 1. (Elementary schools on schedule.)

Portable Unit No. 2. (High schools on schedule.)

Portable Unit No. 3. (Elementary schools on schedule.)

Portable Unit No. 4. (Elementary schools on schedule.)

Portable Unit No. 5. (Gardena, Torrance, and Lomita schools.)

(2) *Eye.*

Traveling Eye Clinic. (Outlying schools in Los Angeles proper.)

## **67.21 Permission for Absence from School for Treatments**

(Administrative Guide 13.107.)

Pupils shall be excused from class for physical or medical treatment within the school or school clinic and attendance for such treatment shall be counted for apportionment purposes.

Pupils shall be permitted to be absent from school, at the written request of the parents or guardians thereof, for the purpose of having dental service rendered, and no record of absence need be made if such pupils present, upon their return to school, Form 33.64, "Dental Appointment Service," properly filled out and signed by the dentist or dentists performing the dental work. At the close of each calendar month the signed copies of this form shall be filed with the Dental Unit of the Health Service Section, 810 Chamber of Commerce Building—Station 66.

## **67.22 Cod Liver Oil**

Because of the scarcity and increasingly high cost of cod liver oil and other fish liver substitutes, due to conditions abroad, it has become necessary to adopt the following policies for the dispensing of this item to school children:

Each child receiving cod liver oil, under school supervision, shall be approved by the school physician.

The individual prescriptions on Form No. 33.313 must accompany the requisition to the Yale Street Health Center where the quantity to be supplied will be computed on the basis of the total prescription of each school. The maximum length of time for the validity of each prescription is one semester.

In all cases where the need has been indicated and the obligation can be cared for by the parents, the oil shall be administered in the home.

Where parents are unable to assume this obligation in the home, they should be social serviced and required to pay at least five cents per week if at all possible.

All moneys collected for this service should be forwarded as cod liver oil collections to the Parent-Teacher Office at the Yale Street Health Center before the close of each school month.

The usual dosage for cod liver oil, unless otherwise prescribed, is one teaspoonful per day. Necessary procedures for effective sterilization of spoons and other utensils shall be observed.

Cod liver oil dispensed at the school is not to be taken home, it is to be administered at the school.

Malt extracts, where prescribed, shall be subject to the same policies as described above. However, the minimum cost, wherever possible to collect, should be at least ten cents per week.

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**67.23 Outside Clinics**

By authority of the Board of Education school children may be referred to the following outside clinics. For further information regarding days, type of service, and for appointments, call the individual clinics.

Name	Address	Telephone
All Nations Clinic	605 Gladys Ave.	Tr. 3006
Anita Baldwin Clinic (Calif. Babies Hospital)	1401 S. Grand Ave.	Pr. 4011
Assistance League of San Pedro (Dental)	734 Pacific Ave., San Pedro	
Cedars of Lebanon Hospital Clinic	4833 Fountain Ave.	Ol. 2931
Child Guidance Clinic	1325 W. Adams Blvd.	Pa. 1193
Children's Hospital	4616 Sunset Blvd.	Ol. 1181
College of Dentistry U.S.C.	122 E. 16 St.	Pr. 2311
General Hosp. (L. A. Co.)	1200 N. State St.	Ca. 3161
Homer Toberman Dental Clinic	115 N. Grand Ave., San Pedro	S. Pedro 0970

**L. A. City Health Department Clinics:**

Los Angeles	116 W. Temple St.	Mi. 5211
North Hollywood—Call—		Sunset 2-2121
San Pedro —Call—	San Pedro City Hall	S. Pedro 5111
Tujunga —Call—	Tujunga City Hall	Sunland 129
Van Nuys —Call—	Van Nuys City Hall	State 5-2121
Venice —Call—	Venice City Hall	S. Mon. 4-1171
Watts	10321 Compton Blvd.	Je. 1931
Wilmington —Call—	S. Pedro City Hall	S. Pedro 5111

**L. A. County Health Department Clinics:**

Compton	1301 Willowbrook Ave., Compton	Nevada 6-1221
East Los Angeles	670 S. Ferris Ave.	Angelus 1-3191
Inglewood	101 S. Grevillea, Inglewood	Oregon 8-1241
San Antonio	7300 Santa Fe Ave., Huntington Pk.	Ki. 9161
San Fernando	604 Maclay Ave., San Fernando	San Fer. 288
Torrance	2300 Carson St., Torrance	Torrance 860
West Hollywood	730 N. Vicente, W. Hollywood	Bri'ton 2-2746

Marion Davies Clinic	11672 Mississippi Ave., Sawtelle	W. Los Angeles 3-1852
Orthopaedic Hospital Clinic	2424 S. Flower St.	Pr. 3311
Santa Marta Clinic	317-318 N. Humphreys Ave.	An. 6998
Selwyn E. Graves Memorial Dispensary (North Broadway Clinic)	737 N. Broadway	Mu. 2436
White Memorial Clinic	304 N. Boyle Ave.	An. 8221









